Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

Date of Death, May 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clinton Winfield Hanlines

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Nine *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 349 W Fayette St

Cause of Death, First (Primary.) Dentition diarrhea V. Pithae

Second (Immediate.) It death was rather sudden after death it was found an abscess in left ear it was discharging

It is possible it may have broken also internally

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Eliat C. Price M. D.

Date of Burial, May 24th 1875 Medical Attendant.

Undertaker, Chas. Pender *Address*

Place of Business, W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2832,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto County

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 24 at 3½ P.M.

M. D.
Medical Attendant.

Undertaker, Geo W Stone

Place of Business, 246 Forest St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

Date of Death, May 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Fallon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 10 Yrs

Place of Death, {Give street and number.} 623 Bath St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about Six Months.

All the above information should be furnished by the Physician.

Place of Burial, H Fells Graves

Date of Burial, May 24 at 2 P.M.

Undertaker, C. A. Wilson

Place of Business, 206 Front St.

W M McAnus *M. D.*
Medical Attendant.

Address 682 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie D. Berger (Berger)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 3 *Months,* *Days.*

Color, White. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 yrs & 3 mos.

Place of Death, {Give street and number.} 2 Forest Place

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Nephritis

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt

Date of Burial, May 24th - 75

E. D. Thomson (P.S.) *M. D.*
Medical Attendant.

{*Undertaker,* John J. Rodenmayer
Place of Business, 102 E Monument St *Address* 246 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2835.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22d 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. S. Skillman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 11 *Months,* 25 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 N. Bond St.

Cause of Death, First (Primary,) Diphtheritic Croup.

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 24/75

Undertaker, Condry

Place of Business, 52 N. Broadway

Jno. D. Powell M. D.
Medical Attendant.

Address 72 E. Batt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

Date of Death, May 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Jane Naill

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 7 *Years,* 1 *Months,* — *Days.*

Color, Black *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westown Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 11 State St. Court.

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 24 1875

Undertaker, M. A. Cleary

Place of Business, 1118 N. Hall St.

James A. Steuart M. D.
Medical Attendant

Address Board of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Mother Louisa

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23 - 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Elisa Colenk

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Washington Co. Pa.

Duration of Residence in the City of Baltimore, Ten Years.

Place of Death, { Give street and number. } Fulton St. near Fayette

Cause of Death, { First (Primary,) Cancer of mouth

Second (Immediate.)

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Monday May 24/75

Jos. L. Smith M. D.
Medical Attendant.

Undertaker, J. Coughlin

Place of Business, 41 Hanover St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2838.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th. May 1875. Oclock P. evening

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anny Bickel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~~~ *Years,* 4 *Months,* 9 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, During life time

Place of Death, { Give street and number. } Trinity Court No 3.

Cause of Death, { First (Primary) Hæmorrhagia Pulmonalis
Second (Immediate,) Eclampsia

Duration of Last Sickness, 5 Days'

All the above information should be furnished by the Physician.

Place of Burial, H. A. Woodlawn County William Kennel M. D.
Medical Attendant.

Date of Burial, May 14 74

Undertaker, Michael Egan *Address* No. 112.

Place of Business, No. 35 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...s 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...sician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ...-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...he cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22d. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Gordon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mistress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co. Penna

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 164 Sterling St

Cause of Death, First (Primary,)

Second (Immediate,) Consumption.

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, East. Potters field

Date of Burial, May 24th 1875

Thos. Kelly M. D.
Medical Attendant.
Brown

Undertaker, Wm Donovan

Place of Business, 5 Bank St. *Address* Fawn & Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

From information

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Cecelia Hartzel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Five *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 38 Rock St

Duration of Residence in the City of Baltimore, Fifty-five days

Place of Death, {Give street and number.} 38 Rock St

Cause of Death, First (Primary,) Cancrum

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery. Saml Eccleston M. D.

Date of Burial, May 25 Medical Attendant.

Undertaker, G. W. Ponder *Address* 552 N Lombard

Place of Business, W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23rd May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Audibu J Lathe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 10 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Photographer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 274 Myrtle avenue

Cause of Death, {First (Primary.) Phthisis Pulmonalis

{Second (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wm. Webb M. D.

Date of Burial, May 25th 1875 Medical Attendant.

Undertaker, Geo. Schilling *Address* 51 Bank

Place of Business, none

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Armstrong Clement

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 31 *Years,* *Months,* *Days.*

Color, *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Draughtsman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 126 East Madison St

Cause of Death, { First (Primary,) Phthisis
Second (Immediate.) }

Duration of Last Sickness, 17 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Lutd Clement M. D.

Date of Burial, Monday 24th Medical Attendant.

Undertaker, John H Leach

Place of Business, ~~#~~ 22 W. Fayette St *Address* 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Phillips

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Supposed 80 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Supposed 80 yrs

Place of Death, {Give street and number.} No 27 Hamburg St

Cause of Death, {First (Primary,) Old Age
Second (Immediate,)

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 24th 1875

Undertaker, Wm Th Dorn

Place of Business, 263 Light

Calvin Hall M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23d " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Paul

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, 47 years.

Place of Death, {Give street and number.} 67 Davis St

Cause of Death, {First (Primary,) Erysipelas of Leg

Second (Immediate,) Typhoid Symptoms

Duration of Last Sickness, Several months, Attended her 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 25 " 1875

Dr. E. A. Price M. D.
Medical Attendant.

Undertaker, Jos. C. Gordon

Place of Business, 63 Park Ave

Address 110 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Caroline Jane Bentz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 Years, *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, {Give street and number.} Balt City. McCulloh St No 58

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) Asthenia & Collapse of System

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, 25th May 1875

Undertaker, Hy Deitrick & Son

Place of Business, 16 Light St — *Address* 66 McCulloh St City

W. G. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary Alan Black

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower.*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } # 411 Pleasant St. Balto.

Cause of Death, { First (Primary,) Consumption

{ Second (Immediate,) about One Year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Court

Date of Burial, 25th May 1875

{ *Undertaker,* Hy H Perkins Son

{ *Place of Business,* 16 Light St *Address*

James T. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2847.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Frey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Hillen Street near Light

Cause of Death, {First (Primary,) Scarletina & Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 1 Week & 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 25th/75

M. D.
Medical Attendant.

Undertaker, Geo. Schilling *Address* 107 E. Baltimore

Place of Business, N. E. cor Fayette & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2848.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

Date of Death, May 24. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harrison Wilbur

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 14 York Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia (Typhoid)

Duration of Last Sickness, 19. Days

All the above Information should be furnished by the Physician.

Place of Burial, London Park *Sheridan Ortiz* M. D.

Date of Burial, May 25th 1875 Medical Attendant.

Undertaker, John Mackie

Place of Business, No 150 Camden St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2849.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

Date of Death, May 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Cooper

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lucca Pubrisloa Md.

Duration of Residence in the City of Baltimore, Twelve years.

Place of Death, {Give street and number.} 7 N. Caroline St.

Cause of Death, First (Primary,) Typho Malaria Fever

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24th 1875

Undertaker, Wm. H. Lunger

Place of Business, No 104 East St.

C. Glanville Rust M. D.
Medical Attendant.

Address Balt & Washington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

Date of Death, May 23rd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ardella A Cole

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* 10 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 85 S. Broadway

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Do

Duration of Last Sickness, Do

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 25th 1875

Undertaker, R. A. & E. Bevans

Place of Business, 251 E, Balto St

W W Shuaes M. D.
Medical Attendant.

Address 121 N Charles
Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1501
75

Permit No. 2857.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Bowie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77-7-8 *Years,* X *Months,* X *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Old domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, Since 1801

Place of Death, {Give street and number.} 333 Lexington St

Cause of Death, First (Primary,) ~~Cancer~~ Exhaustion from protruded Umbilical Hernia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24th 1875

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

W H Kemp M. D.
Medical Attendant.

Address 55 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Bureau of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2852,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Capt James Westcott

Sex, Male or Female, { Cross out the word not required in this line. } ——

Age, 86 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* ——

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ——

Occupation, Life Boater

Birthplace, { State or country (and how long in the United States, if of foreign birth. } England 63 Years in U. S.

Duration of Residence in the City of Baltimore, 63 Years.

Place of Death, { Give street and number. } No 71 Market Space

Cause of Death, { First (Primary,) Old age. / Second (Immediate.) Asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 25 1875

Charles M Merritt M. D.
Medical Attendant.

{ *Undertaker,* Wm. Keeling
{ *Place of Business,* 136 E Fayette

Address No 83 East Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2858

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE

Date of Death, May 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Oberseu

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 5 *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 69 E. Lombard St

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 10 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 25 1875 Abram B. Smith M. D.

Medical Attendant.

Undertaker, Chas. Keyser

Place of Business, 116 E. Fayette St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, May 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Robt Sorrell

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years.* *Months,* *Days.*

Color, Colored *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Scrofula
Second (Immediate,)}

Duration of Last Sickness, Ten Years

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, May 24th

Undertaker, H. Donovan

Place of Business, 6. Bank St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2853.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

Date of Death, May 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Elbert Edwards

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~_____~~ *Years,* 4 *Months,* 18 *Days.*

Color, white *Sex,* male

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Old City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 299 McElderry St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, M.E.B.G. Phila R. *James A. Clements* M. D.

Date of Burial, May 25th 1875 (Physician or Undertaker)

Undertaker, William Fry

Place of Business, N. Broadway. *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by. Thomas Edwards - (Father)

[OVER

Permit No. 2856.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

Date of Death, May 23rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Woods

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Oregon St

* *Cause of Death,* {First (Primary,) Pneumonia

{Second (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary J. W. C. Addy, M. D.

Date of Burial, May 25th 1875 Medical Attendant.

{*Undertaker,* Andrew Leitz Address 313 Franklin St

{*Place of Business.* 118 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2857.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23d ~~Anna Bowden~~ 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Bowden

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Walnut Alley No 3.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Dropsy

Duration of Last Sickness, X / 30 days

All the above information should be furnished by the Physician.

Place of Burial, St Johnsons Cemetery P. A. Feldmann M. D.

Medical Attendant.

Date of Burial, May 25th 1875

Undertaker, Andrew Lutz

Place of Business, 116 Druid Hill Av *Address* 120 Pearl st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2858

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant - Edward & Catherine Bregnett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 Wyeth Alley

Cause of Death, First (Primary,) not known

Second (Immediate,) - Convulsions -

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 26th ten o'clock

Undertaker, Joseph B. Cook

Place of Business, 707 W. Baltimore

A. McCurdy M. D.
Medical Attendant.

Address 76 Patapsco St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ealth, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2859.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

Date of Death, May 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Matthews

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 2 *Months,* 14 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 108 Frederick Ave

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 1206 E. Fayette Street

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness, 2 months & 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery James A Steuart M. D.

Date of Burial, May 24th 1875

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St *Address* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Joseph B Cook undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2860.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bull

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 152, Madison Ave

Cause of Death, First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. Dr. J. Gatch, *M. D.*

Date of Burial, May 25th 1875 Tuesday Medical Attendant.

Undertaker, Geo. Braun

Place of Business, 790 Hanover St. *Address* 240 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2861.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, May 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Paff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 16 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Durham St 227

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Exhaustion & Spasm

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary J A Schmidt MD M. D.

Date of Burial, May 26th 1875 Medical Attendant.

Undertaker, Geo Troeckler Address

Place of Business, 239 Canton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

Date of Death, May 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Barbary Stoll

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* 2 *Months,* 21 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Wife of John Stoll.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give street and number.} 426 Aisquith St.

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate,)

Duration of Last Sickness, 3 Years.

All the above information should be furnished by the Physician.

Place of Burial, N. Aisquith St. *Jno. L. Kriegs* M. D.

Date of Burial, May 27 Medical Attendant.

Undertaker, P. Kimmel

Place of Business, 317 Baltimore St *Address* City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No 2863

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Frank Poulson May 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Poulson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 282 Hamburgh street

Cause of Death, {First (Primary,) Convulsions
Second (Immediate.)

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Frank Turner M. D.

Date of Burial, May 24. 1876 Medical Attendant.

Undertaker, W M Shane *Address* 57. N Paca st

Place of Business No 190 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Fleming

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 118 N Gay St

Cause of Death, First (Primary,) Ex

Second (Immediate,) Apoplexy?

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Family cemetery Bel Air Road Edmund R Walker M. D.

Date of Burial, May 25 1875 ~~Medical Attendant.~~

Undertaker, James D Byrne Coroner N. P. Dist

Place of Business, No 63 N Front St *Address* 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

Date of Death, May 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marsha Spolen

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} No 21 Raly St

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 25 1875

{*Undertaker,* James O Byrne

Place of Business, No 63 N Paca St

E H Rulls Jr M. D.

Medical Attendant.

Address 151 E Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Augusta Meta Hattie

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 6 *Years,* 5 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 898 N. Baltimore St

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,) Three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 25th 1875. James G. Linthicum M. D.
Medical Attendant.

Undertaker, Philip Lewis.

Place of Business, 170 W. Baltimore St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2867.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25, 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Whittaker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 313 N Eutaw St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 25th 1875

J W Millenberger M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 486 Saint Paul Street

Address 121 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. May Corner

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 7 ~~11~~ *Months,* ~~11~~ 8 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

~~*Duration of Residence in the City of Baltimore.*~~

Place of Death, {Give street and number.} 57 sharp st

Cause of Death, {First (Primary,) scarlet fever

{Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Co

Date of Burial, May 26th 75

H. W. Newbolter M. D.
Medical Attendant.

{*Undertaker,* Thos J Hughes

{*Place of Business,* 10 & 12 Eutaw

Address 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transit (107)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Zeigler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Cotton

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 104 Granby St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, about Six Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 25th 75

Undertaker, Thos E Hughes

Place of Business, 110 East Balto *Address*

C. W. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} David Engel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Capitalist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll County Md

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 355 N. Stricker St

Cause of Death, {First (Primary)} Typhoid-Malarial Fever

{Second (Immediate.)} Apnoea

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Christian Baptist

Date of Burial, May 26th 75

Undertaker, H. C. Higgins

Place of Business, 10 East Lee

J. Gilbert M. D.
Medical Attendant.

Address 47 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 2871.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Henry Horsey

Sex, Male ~~or Female~~; { Cross out the word not required in this line. } Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and number. } 38 Chesnut st

Cause of Death, { First (Primary,) Marasmus / Second (Immediate,) }

Duration of Last Sickness, sickly from birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24th 1875

Undertaker, Wm. A. Lange

Place of Business, No 164 East St.

D Webster Cattell M. D.
Medical Attendant

Address 1 & 2 Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth McDaniel.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 10 N. Broadway.

Cause of Death, {First (Primary,) Ovarian

{Second (Immediate,) Dropsical affection.

Duration of Last Sickness, Eight weeks.

All the above information should be furnished by the Physician.

Place of Burial, Worcester County

Date of Burial, May 26th 1875

Undertaker, Robert Frame

Place of Business, 1280 Eastern Ave

C. Edward G. Fisk M. D.
Medical Attendant.

Address Balt & Washington Rd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transcript (108)

Permit No. 2873.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs. C. Burrill.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White, *Sex,* Female.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 5 S. E. Edes St.

Cause of Death, First (Primary) Carcinoma of the Breast.

Second (Immediate,) Pulmonary Affection.

Duration of Last Sickness, One year. 1 11

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, May 26th 75

Undertaker, Thos. O. Hughes

Place of Business, 60 E Balto

C. Glanville Leake, M. D.
Medical Attendant.

Address Balto & Washington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2874

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25 May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Hefter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Clothweaver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and number.} 11 Fortney

Cause of Death, {First (Primary,) not ascertainable

{Second (Immediate,) Diarrhoea

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, 26 May 1875

S Ellicott M. D.
Medical Attendant.

Undertaker, Louis Koehler

Place of Business, 130 Sharp & Cross. *Address* 152 Shark

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2875.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl William Lassmann

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widowed or Widower,~~ {Cross out the words not required in this line.}

Occupation, Picture framer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Stuttgart Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 665 W. Balto. St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery L. C. Hune M. D.

Date of Burial, May 26 Medical Attendant.

{*Undertaker,* John Seigel

{*Place of Business,* 491 W. Balto St. *Address* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2876,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAY 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hiram Cornish

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, col *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northumberland Co Virginia

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} Sterling st 12

Cause of Death, First (Primary,) Intermittent fever

Second (Immediate,) Pneumonia

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery E. A. Baldwin M. D.

Date of Burial, 25 May Medical Attendant.

Undertaker, James H Davis

Place of Business, No 12 n Saratoga st *Address* 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Estep Hall

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~44~~ 45 *Years,* ~~45~~ *Months,* *Days.*

Color, White *Sex,* female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Residence Ann Arundel Co except 4 Baltimore

Place of Death, {Give street and number.} Baltimore. Linden avenue 170.

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, three weeks"

All the above information should be furnished by the Physician.

Place of Burial, West River Anne Arundel Co

Date of Burial, May 25th 1875

George D Beatty M. D.
Medical Attendant.

{ *Undertaker,* Jacob Weaver
{ *Place of Business,* No 46 Druid Hill Avenue *Address* 226 Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit Permit Issued by Dr Stewart at his house to Expedite

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2878,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John S. Robinson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 53 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line }

Occupation, Merchandise Broker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 243 N. Hoffman St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Prostration of Bowel

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem. A. C. Williams M. D.

Date of Burial, May 26th 1875 Medical Attendant.

Undertaker, Jacob Heuer

Place of Business, No 486 Druid Hill Ave. *Address* 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

Permit No. 2879.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza J. Fuller

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} female

Age, Six *Years,* two *Months,* 22 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 114 South Central ave.

Cause of Death, {First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 26th 1875

Undertaker, Henry W. Means

Place of Business, 64 & 66 Fayette St

D. Scott Stevenson M. D.
Medical Attendant.

Address 133 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2880

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAY
25
1875
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sara Lizzie Stepney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* four *Days.*

Color, Dark *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow* or *Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 317. North Durham St

Duration of Residence in the City of Baltimore, — four Days

Place of Death, {Give street and number.} 317 Durham St

Cause of Death, {First (Primary,) Hard & Worms Eaten of Intest.
Second (Immediate,) Convulsions.

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Fallas. R. Ground

Date of Burial, May 26

{*Undertaker,* Whitney
{*Place of Business,* 54 N Broadway Address 141. S. Broadway.

E. M. Gordon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~properly filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Young

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 74 *Years,* 11 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N.E. Corner of Canton Ave & Altemarle St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate.) 20 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 26, 1875

Undertaker, McClellan & Bayer

Place of Business, 740 S. Broadway

Jno Powell M. D.
Medical Attendant.

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of ..... Vital Statistics in the City of Baltimore.....

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

Permit No. 2882,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Bachman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* — *Months,* *Days.*

Color, *Sex,* Fem.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 133, Henrietta

Cause of Death, {First (Primary,) Phthisis Pulmonalis,
Second (Immediate,)

Duration of Last Sickness, two years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 26th

Undertaker, H. Brice

Place of Business, Henrietta St 81

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Manns

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Years, 14 Months, 5 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 125 N. Bond St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Convulsions

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, May 26th 1875

Wm. H. Clendiven, M. D.
Medical Attendant.

Undertaker, Geo. Frieth

Place of Business, Baltimore

Address No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Wesley Dunbar

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Year, One Month, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Eutaw Street No 109

Cause of Death, { First (Primary,) Hydrocephalus of about 4 days duration

{ Second (Immediate,) Bronchitis

Duration of Last Sickness, Last time, as to 1st cause

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, May 26 75

{ *Undertaker,* John S. Rodenmyer

{ *Place of Business,* 102 E Monument St

A. E. Stein, *M. D.*
Medical Attendant.

Address 107 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Taylor

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ *Widow or* ~~Widower~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manchester, Carroll County Md

Duration of Residence in the City of Baltimore, 43 Years.

Place of Death, {Give street and number.} 411 Franklin St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem. H. M. Nelson *M. D.*

Date of Burial, May 27th Medical Attendant.

Undertaker, J. B. Blackistone & Son

Place of Business, 606 W. Balt. St. *Address* 257 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875

Permit No. 2886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisey Finley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 Years & 3 months

Place of Death, {Give street and number.} No. 25 N. Washington St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hope Cem. E. P. Sons M. D.

Date of Burial, May 27th 1875 Medical Attendant.

Undertaker, Wm. Fisher

Place of Business, 542 Broadway *Address* 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2887,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel & Catherine Duffy

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ one minute ~~Days.~~

Color, white *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 98 S. Eutaw St

Duration of Residence in the City of Baltimore, one minute

Place of Death, { Give street and number. } 98 S. Eutaw St

Cause of Death, { First (Primary,) . wrong Presentation

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 26th 1875

M. D.

~~Medical Attendant~~

{ *Undertaker,* John S. Macher

{ *Place of Business,* Camden St *Address.* Commit of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information — Daniel Duffy (Father)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 27 1875 REGISTRAR

Permit No. 2888,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Mon~~ Mary Bloch

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 2 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 N. Chapel Street

Cause of Death, First (Primary,) Child Birth

Second (Immediate.) Congestive Chill & Nervous Prostration

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 27th 1875

Undertaker, Michael France

Place of Business, 280 Canton Ave

James A Clinn M. D.
~~Physician in Attendance~~

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Casper Midwife in attendance

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Sloan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} A. A. Co. Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 155 Montgomery St

Cause of Death, {First (Primary,) Typhoid Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 8 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 27th 1875

Geo. T. Dorsey M. D.
Medical Attendant.

{*Undertaker,* Armstrong & Denny

{*Place of Business,* 263 Eighth St Address Hot Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

Permit No. 2890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25 May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Eliza King

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Sixty four *Years,* Eight *Months,* fifteen *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and number.} S. Stricker, no. 30

Cause of Death, {First (Primary,) Cancer of breast

{Second (Immediate,)

Duration of Last Sickness, Eleven weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 26 of May 1875

Undertaker, William Custer

Place of Business, Columbia St

John Hood M. D.

Medical Attendant.

Address 234 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 1875 BALTIMORE

Permit No. 2891

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nina Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 26 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 69 Saint Paul St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate)

Duration of Last Sickness, About ten or eleven days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 26th 1875

Riggin Buckler M. D.
Medical Attendant.

Undertaker, Wm. H. Weaver,

Place of Business, 22 N. Eutaw St

Address 135 n charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 27 1895 HEALTH DEPARTMENT BALTIMORE

Permit No. 2892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel A. B. Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 17 *Years,* 3 *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number.} 73 McElderry

Cause of Death, First (Primary,) Puerperal Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26 1895

E. J. Wells M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 1213 E. Monument St. *Address* 181 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Howard (Col)

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 25 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Oxford St No 61

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlatinal Nephritis Exhaustion & Hydraemia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 26th /75

Henry R. Noel M. D.
Medical Attendant.

Undertaker, H. F. Gray

Place of Business, 65 Mulberry St *Address* 1010 Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Henry Washington

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ____ *Years,* Two *Months,* ____ *Days.*

Color, Black *Sex,* Male

~~Married~~, *Single*, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} 45 Arch st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Hope St cemet, *Date of Burial,* May 26th 1875

Faust Steinach M. D.
Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 65 Mulberry st Address Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Information from Grandmother Eliza Green

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth D. Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 62 Years

Place of Death, {Give street and number.} 120 N. Eutaw St.

Cause of Death, {First (Primary,) Second (Immediate,)} Heart Disease

Duration of Last Sickness, 4 or 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, May 22 at 2 PM

D. L. Grist M. D.
Medical Attendant.

Undertaker, Richard Hall

Place of Business, 133 East Baltimore *Address* 133 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Cahagan (Cahagan)

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 54 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} M

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} North Ave

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Grave

Date of Burial, May 27th 1875

Undertaker, Chas T Semmes

Place of Business, 271 W Eutaw st

Richard Mc Sherry M. D.
Medical Attendant.

Address 187 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2897.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875

Full Name of Deceased, {Christian and surname correctly. If an infant not named, give names of parents.} Katharine Pauline Koerpsee

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* 7 *Months,* 6 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 362 E. Fayette St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Pneumonia

Duration of Last Sickness, 27 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michael Cemy

Date of Burial, May 26 1875

Pierre G. Dausch M. D.
Medical Attendant.

{*Undertaker,* Chas Rossney
Place of Business, 136 E. Fayette

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie Reuter

Sex, Male or Female, {Cross on the word not required in this line.}

Age, 5-6 *Years,* 9 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Cor Boston & Chesapeake St

Cause of Death, { First (Primary,) Phthisis Pulmonalis

{ Second (Immediate,)

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Hyfons Cemetery

Date of Burial, May 27th 1895

{ *Undertaker,* Anders Bahr

{ *Place of Business,* 218 E. Lombard

F. J. Wilcox M. D.
Medical Attendant.

Address No 33 East St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2899.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia, Ann Gilliard

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Market-Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Low St- Balto City-

Duration of Residence in the City of Baltimore, Lixty-four yrs

Place of Death, {Give street and number.} Aridson Court

Cause of Death, {First (Primary,) Apoplexy / Second (Immediate,) Pressure on the Brain

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May 26th 1875

Undertaker, Wm P. Dungee

Place of Business, No 104 East st.

Geo Walls M. D.
Medical Attendant.

Address 181 E. Monument-
Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Gray

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —— Balto City

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bald City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 74 Chestnut alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26th 1875

Undertaker, [redacted] Davis

Place of Business, Saratoga St

James A Steuart M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by — Jane Johnson — a friend with whom She has been living

Board of Health, City of Baltimore,

Permit No. 2901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Eugene Parks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 7 Days.

Color, Col'd Colored *Sex,*

Married, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 7 Days

Place of Death, {Give street and number.} 124 N Dallas

Cause of Death, First (Primary,) Convulsions

Second (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26th 1875

Undertaker, Wm A. Dungee

Place of Business, 110-104 East St

William L. Rawle M. D.
Medical Attendant.

Address Cor Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE MAY 27 1876

Permit No. 2902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } 2 Infant twins no name G. T. Staudle - Conclaves T. Staudle

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 2 hours Days

Color, White *Sex,* Females

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 231 Light St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Prematurity & Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 26/76

Undertaker, Armstrong & Adams

Place of Business, No 260 Light St

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 27 1875 BALTIMORE.

Permit No. 2903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mayer Blum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 102 Low St

Cause of Death, { First (Primary,) Measles
Second (Immediate,) Croup

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery G. Liebmann M. D.

Date of Burial, May 27 Medical Attendant.

Undertaker, Wm Eiban

Place of Business, 108 Gough St *Address* 58 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore,

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

Permit No. 2904

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Lee Filler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* Four *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 15 Walker St

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 27th 1875

{*Undertaker,* Henry Hoeck

{*Place of Business,* Central Ave *Address*

Milton A Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

Permit No. 2905.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Turnbull

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Three *Years,* Eleven *Months,* Sixteen *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 316 Linden Avenue

Cause of Death, First (Primary,) —

Second (Immediate.) Tuberculer Meningitis

Duration of Last Sickness, Twenty one days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Burying Ground & Loyola Th. F. Mantock M. D.

Date of Burial, May 28th Medical Attendant.

Undertaker, Thos Jenkins & Son *Address* 117 St Paul St

Place of Business, Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

Permit No 2906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel A Foreman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* *Months,* *Days.*

Color, Dark Brown *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Waiting Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} No 45 Lavenue St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Consumption

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel~~ Cemetery

Date of Burial, May 27th 1875

Undertaker, Wm Jones Grey

Place of Business, 65 Marbley St

B F Bohner M. D.
Medical Attendant.

Address Cor Dolphin & Rayl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

Permit No. 2907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie E Noakes

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 10 *Months,* ~~—~~ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 5 Hott St

Cause of Death, {First (Primary,) Marasmus
Second (Immediate,)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, May 27 - 75

{*Undertaker,* John. F. Pordenmay *Address*
{*Place of Business,* 10 E Monument St

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

Permit No. 2908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Reuter

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 18 *Days.*

Color, *Sex,* white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 237 East Monument

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 27 1875

Undertaker, Henry Hoeck

Place of Business, 30 & Central Av

Louis Steinmann, M. D.
Medical Attendant.

Address 133 h Eden.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 27 1895 BALTIMORE.

Permit No. 1909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Infant Mary Harriet Wordell.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years,~~ *Months,* 5 Months ~~Days.~~

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.o City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 187 So. Bond St.

Cause of Death, { First (Primary,) Atrophy

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 27 1895

{ *Undertaker,* / *Place of Business,* } Father

James Clements M. D.
Medical Attendant.

Address Comm.r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information from father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

Permit No. 2910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Burns

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} House of Good Shepherd

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 27 1875.

Edwd F. Michael M. D.
Medical Attendant.

Undertaker,
Place of Business, Friends

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2911.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Watson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 9 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore State of Maryland

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 153 East St

Cause of Death, First (Primary,) Paralysis —

Second (Immediate,) Exhaustion —

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May. 28. 1875

Undertaker, George A. Rodenmyer

Place of Business, 38 Ensor st

Ludwig Brown — M. D.
E. Le. Baldwin
Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 27 BALTIMORE

Permit No. 2912.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James McGarity

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Six *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

~~*Occupation*~~,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Six Years

Place of Death, { Give street and number. } 13 McKeans Court

Cause of Death, { First (Primary,) Erudo Mumbranus Croup

Second (Immediate,)

Duration of Last Sickness, Two day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 27. 1875

E. C. Jordan M. D.
Medical Attendant.

Undertaker, Geo. Coleman

Place of Business, 28 Penn Street

Address 225 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

Permit No. 2913,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Louisa La Porte

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 187 Wall St

Cause of Death, First (Primary,) Accumulement

Second (Immediate,) Secondary Atony Lemorrhage

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 28 1875

S. W. Whittington M.D.
Medical Attendant.

Undertaker, Henry Myer

Place of Business, 106 N. Howard St. *Address* 121 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Emery

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Thirty two *Years,* Eleven *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Tin worker

Birthplace, { State or country (and how long in the United States if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Thirty two years Eleven mo

Place of Death, { Give street and number. } 267 N Biddle st

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 25th 1875

Jno D Pennington M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 4 & 6 Druid Hill Ave

Address 210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 1875 BALTIMORE MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Negro *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} 81 S. Sharp St

Cause of Death, {First (Primary,) Consumption
Second (Immediate.)

Duration of Last Sickness, Thirteen Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27th 1875

Undertaker, S Arnold Chase

Place of Business 181 & 183 Howard St

Silas Hall M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 27 1915 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27 May 1915 7 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Reth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* 4 *Months,* 12 . *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} Fell St No 32.

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery John J. Litzer M. D.

Medical Attendant.

Date of Burial, 29 May

Undertaker, John F Schuh

Place of Business, 265 Aisquith *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAY
BALTIMORE

Permit No. 2917.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carolina Schlenker

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carolina near Balt. Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 212 Eastern ave.

Cause of Death, {First (Primary,) Scarlatina Maligna
Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Linwood R. W. Mansfield *M. D.*
Medical Attendant.

Date of Burial, May 28. 1875

Undertaker, Chr. Schlenker *Address* 114 S. Broadway

Place of Business, East Evans 214

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

Permit No. 2918

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Schlenker

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 212 East, ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 212 East, ave,

Cause of Death, {First (Primary,) Scarlatina Maligna

Second (Immediate,)

Duration of Last Sickness, 148 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Linwood R. W. Mansfield M. D.
Medical Attendant.

Date of Burial, May 28. 1875

{*Undertaker,* E. F. Schlenker *Address* 117 S. Broadway

{*Place of Business,* East Enno 214

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 1875 BALTIMORE

Permit No. 2919,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Josepha Kauffman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty Six *Years,* Five *Months,* Six *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Husband's Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born in Germany

Duration of Residence in the City of Baltimore, Twenty two years

Place of Death, {Give street and number.} Walnut alley No 27

Cause of Death, { First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, Eleven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, May 29th 1875

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave *Address* Madison Ave

Jas Montgomery, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Irons

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Cabarrh of the bladder
Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, E Potters Field

Date of Burial, May 27th 1875

{*Undertaker,* Wm Donovan
{*Place of Business,* 6 Bank St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 28 1875 BALTIMORE

Permit No. 2921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Bookman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 *Years,* 3 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Poland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 30 Willow St

Cause of Death, { First (Primary,) old age / Second (Immediate,) General debility

Duration of Last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, [illegible] County Cemetery

Date of Burial, May 28 1875

Undertaker, Henry Hook

Place of Business, 39 Central Ave

Jm. Burke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 28 1875 RECEIVED

Permit No. 2922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Fidirik

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 335 S. Bond St.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Diphtheritis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, May 28th Friday 2 P.M.

Undertaker, Chas Braun

Place of Business, 99 Wilkens *Address* 102 S. Bond St.

D. Baird M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 1915.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia wilson

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } England, 8 years in U.S.

Duration of Residence in the City of Baltimore, three weeks

Place of Death, { Give street and number. } Union Protestant Infirmary.

Cause of Death, { First (Primary,) / Second (Immediate,) } Chronic dysentery

Duration of Last Sickness, Sixteen months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 28th

Undertaker, F. N. Fall

Place of Business, 90 S. Howard St.

Chas Fenwick M. D.
Medical Attendant.

Address 93 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 29 1895 BALTIMORE

Permit No. 2924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Richardson

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.}

Age, 25 ~~yrs~~ *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* ———

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary Co Md

Duration of Residence in the City of Baltimore. 18 years

Place of Death, {Give street and number.} 142 E. Charles St

Cause of Death, {First (Primary,) Pontine Tr. Pemp'l
Second (Immediate,) 22 6 day

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29. 1895

Undertaker, S J McShane

Place of Business, 198 S Howard St *Address* 144 Hanover City

Geo. V. Bowers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and ~~correct~~ record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2925,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Cary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74, *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 51 Union st

Cause of Death, {First (Primary,) / Second (Immediate,)} Suicide by hanging

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 29 1875

Undertaker, M. Schilling

Place of Business, 72 Penn Ave

Geo. Ogle Coroner. M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Jansen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 22 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 213 East. Aven.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, No 5 Reform Ch Bg

Date of Burial, May 24 1875

Abram B Arnold M. D.
Medical Attendant.

{*Undertaker,* Wendell & Spul

{*Place of Business,* 157 S. Bond St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2927.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Philip Bing

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 7 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 120 Burgundy St.

Cause of Death, { First (Primary,) Scarlatina Indigna

{ Second (Immediate,)

Duration of Last Sickness, 7 Hours

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park. Cr.

Date of Burial, May 28 75

Undertaker, F. Miller

Place of Business, 52 n Paca St.

J G Wondle M. D.
Medical Attendant.

Address 203 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2928,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Hett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 3 *Months,* 11 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 413 N. Baltimore

Cause of Death, {First (Primary,) Gastritis Contusion of Scalp
Second (Immediate,) Inanition

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 29th

Undertaker, John Steuber

Place of Business, 491 W. Balto. St. *Address* 137 W Fayette St

Attendrave B M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulie Snell

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 5 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tonquier Co Va 1 year

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 662 W. Fayette

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.) Septicaemia

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg Va

Date of Burial, May 29th 1875

Undertaker, Kilgour & Co

Place of Business, Fayette & Eutaw

Henry R Rose M. D.
Medical Attendant.

Address 1510 - N Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 111

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 23 BALTIMORE

Permit No. 1.2930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21. — Infant

Full Name of Deceased, {White legibly and spell correctly. If an infant not named, give names of parents.} C. B. Bowen & W. B. Bowen

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, *Years,* *Months,* 5 ds *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cumberland Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 Cumberland St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, about 5 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Dispensary

Date of Burial, May 28th *M. D.*

Medical Attendant.

Undertaker, J. Whalmey *Address* 262 Pennsa

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

Permit No. 2931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Potts.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 8 *Months,* *Days.*

Color, Black *Sex,* Female —

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cook & Washerwoman —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} 215 Vine St.

Cause of Death, First (Primary,) ~~Bronchitis~~ — Int[illegible] prom

Second (Immediate,) Cerebritis

Duration of Last Sickness, 2 days —

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St

Date of Burial, May 28th 1875

Undertaker, William N. Dorsey

Place of Business, Nr 104 East St.

Jas G. Mitchell M. D.
Medical Attendant.

Address 348 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2932

HEALTH DEPARTMENT MAY 1895 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Annie E Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 50 East Eager St

Cause of Death, {First (Primary,) Disease of Heart

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, York Co Pa

Date of Burial, May 28 - 95

Undertaker, John J Rodemeyer *Address*

Place of Business, 102 E Fayette

Buckler Jones *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 112

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2933.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Priscilla Kane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} ///

Age, 26 *Years,* *Months,* *Days.*

Color, black *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Maryland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 203 N. Howard St

Cause of Death, First (Primary,) Probably ~~cold~~ cold taken when menstruating,

Second (Immediate,) Genl Peritonitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 29th 1875

Undertaker, Wm Jones Son

Place of Business, 65 Mulberry St

Edmund R Walker M. D.
Medical Attendant

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

Permit No. 2934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary An Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* *Months,* *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, House maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West River Md

Duration of Residence in the City of Baltimore, about 12 yrs

Place of Death, {Give street and number.} No 13 Lambert Balto

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery A. H. Patterson *M. D.*

Medical Attendant.

Date of Burial, May 29 1875

Undertaker, Wm James Gray *Address*

Place of Business, 65 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Dorothea Haynes

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 15 *Years,* 2 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northumberland County Virginia

Duration of Residence in the City of Baltimore, 1 Year.

Place of Death, {Give street and number.} No 221 Lee St.

Cause of Death, {First (Primary,) Dilatation of Heart

Second (Immediate,)

Duration of Last Sickness, 2 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery Wesleyan

Date of Burial, May 29th 1875

Pembroke M. Wemble M. D.
Medical Attendant.

Undertaker, John Meacher

Place of Business, No 150 Camden St *Address* No 203 N. Linden St. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2936.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. H. Bradley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 23 Hunnetta St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.) 4 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, May 29th 1875

Undertaker, Wm Lee Denny

Place of Business, 263 Light St

H. B. Noble M. D.
Medical Attendant.

Address 17 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Rebecca Horn

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 81 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow ~~or Widower~~,* { Cross out the words not required in this line. } Widow

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Eighty One Years

Place of Death, { Give street and number. } Lexington Street No. 419

Cause of Death, { First (Primary,) Paralysis
Second (Immediate,) " "

Duration of Last Sickness, Twenty one weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 30th O'Clock

{ *Undertaker,* Wm C McLennad
{ *Place of Business,* 782 west Baltimore

Horatio N. Shultz M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 28 1875 BALTIMORE

Permit No. 2938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Riyanna Lucian Hay

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. All her life

Place of Death, {Give street and number.} 304 Hollins St.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, Abt six month,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, May 30th 1875

S. W. Miller M. D.
Medical Attendant.

{*Undertaker,* Wm. Lane

{*Place of Business,* 568 W Balto St *Address* 121 W. Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875

Permit No. 2939.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th. May 1875. 12 o'clock at noon

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Korl

~~Sex~~, Male or Female, {Cross out the word not required in this line.}

Age, 54. *Years,* 11. *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wood sawer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ? Germany 2 months.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Washington street Nro 160.

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexia sanguinea 10 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, R.C. Allegheny by William Henkel. *M. D.*

Date of Burial, May 29th. Medical Attendant.

Undertaker, H. Diffel

Place of Business, South Bond st. *Address* S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1873 BALTIMORE

Permit No. 2940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Frederick Gast

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Saloon-Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} 49 Holmes St.

Cause of Death, First (Primary,) Alcoholism

Second (Immediate.) Congestion of the Brain

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Forty Acres John F. Ward *M. D.*

Date of Burial, May 30 th. Medical Attendant.

Undertaker, H. Rifpel *Address* 54 Eastern Ave.

Place of Business, South Broad st. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE HEALTH DEPARTMENT MAY 1875

Permit No. 2941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emmette Eugenia Rosenberger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 3 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } # 23 J. n. Eden St

Cause of Death, { First (Primary,) Bowletina

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 30th 1875

Undertaker, Hy Hauck

Place of Business, Re 309 Central Ave

D. H. Davis M. D.
Medical Attendant.

Address 181 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 30 1895 BALTIMORE

Permit No. 2942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29. 95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Bishop

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 6

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 1.0 334. Canton Ave.

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks Dr only once in my office.

All the above information should be furnished by the Physician.

Place of Burial, H. Olivet Cemetery

Date of Burial, May 30th 1895

E. Weis M. D.
Medical Attendant.

Undertaker, H. H Gilmore

Place of Business, 341 Canton Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2913.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hayden

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 73 East Street

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) "

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 30th 1875

M. D.

~~Medical Attendant~~

Undertaker, W. W. Dungee

Place of Business, East St *Address* Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by W. W. Dungee Undertaker & acquaintance

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 RECEIVED

Permit No. 2944

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret F. Anderson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Eight Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, The greater part of her life

Place of Death, { Give street and number. } Home of Parents 72 Bevans ct

Cause of Death, { First (Primary,) Bright's disease of the kidneys

Second (Immediate,)

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 30th 1875

Undertaker, James D Byrne

Place of Business, No 63 ½ Front St *Address*

D. S. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Cook

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21. *Years,* 6 *Months,* *Days.*

Color, Mulatto *Sex,*

~~*Married,* *Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Waitress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, About 11 years

Place of Death, {Give street and number.} No 12 Grove St

Cause of Death, First (Primary,) Phthisis Pulmonalis (Chronic)

Second (Immediate,) Hamilton

Duration of Last Sickness, About eight weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Bethesda Comty

Date of Burial, May 30th 75

Undertaker, J. Wm P. Williams

Place of Business, 167 Lee st

E. Blo Baetm M. D.
Medical Attendant.

Address 119 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2946

.... The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Hammelbacher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} Fells Av.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Typhoid

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Louis Chas Dorn *M. D.*

Date of Burial, 30 May 1875 Medical Attendant.

Undertaker, J. P. Coates

Place of Business, 226 Hanover St. *Address* 226 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Jane Bohn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Ark. Ohio

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} Jefferson Street

Cause of Death, First (Primary,) Suppression of Menses

Second (Immediate,) Cancer of the Stomach

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 30th 1875

Undertaker, H. Schultheis

Place of Business, Monument St

James A Lewis, M. D.
Medical Attendant.

Address Commis of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Her Husband Alex Bohn

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 29 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2948,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew Joyce

Sex, Male ~~or Female~~ {Cross out the word not required.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Peach alley Balt City

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Leucocythemia

Second (Immediate,) debility

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 30 1875

Marbury Brewer M. D.

Medical Attendant.

Undertaker, Joseph B Cook

Place of Business, 707 W. Balt City

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Mantler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years.* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 16 Stockton Street

Cause of Death, { First (Primary,) Typhoid Pneumonia
{ Second (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 30th 1875

Undertaker, Chas. T. Scriven

Place of Business, 271 St Eutaw St

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rich Burton,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 05 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all it life

Place of Death, {Give street and number.} 325 William

Cause of Death, {First (Primary,) Scrofula

{Second (Immediate,) Tuberculous Meningitis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 30th 1875

Undertaker, Armstrong Ladew

Place of Business, 260 Light St

Howard Bond M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2957.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Jacob Gut.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 month

Place of Death, { Give street and number. } 1 mo. Cor. Canton Avenue & Boston St.

Cause of Death, { First (Primary,) Convulsions

{ Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery *Jane L. Rae* M. D.

Medical Attendant.

Date of Burial, May 30 th.

Undertaker, W. Diffel *Address* 254 Eastern Ave.

Place of Business, South Bond St. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875

Permit No. 2952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Cochran

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* Three *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow*~~ or *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 117 Green Mount Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Pa.

Date of Burial, May 30 1875

Hylton & Taylor M. D.
Medical Attendant.

{*Undertaker,* H Hoeck / *Place of Business,* 309 Central Av} Address 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2953.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Madison

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~Married, Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and number.} 12 Chesnut Street

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29th 1875

M. D.

~~Medical Attendant.~~

Undertaker, Wm H. Dunger

Place of Business, 104 East 5th *Address* Commiss of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by mother of child

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1875 11 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sophia Benesch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, eleven *Years,* five *Months,* five *Days.*

Color, white. *Sex,* female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia {in U S two years

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and number.} No 1 Johns Court

Cause of Death, First (Primary,) Organic heart disease ~~note~~

Second (Immediate,) and Pneumonia

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Sunday, May 29th 1875

Undertaker, Peter Frank

Place of Business, 99 S. Wolfe St.

Dr Winternitz M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2955.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th of May 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry John Nagengast

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 C *Years,* 6 *Months,* 10 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, brewer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Freudenberg Bavaria (Germany)

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, { Give street and number. } 370 Carroll St

Cause of Death, { First (Primary,) Phthysis Tuberculosa / Second (Immediate,) }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, May 30th 1875

C. W. Heitmuller M. D.
Medical Attendant.

Undertaker, M. Shilling

Place of Business, Penna Ave *Address* 120 Pearl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant of Jos L. & Mary E. Sims

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~Years,~~ ~~Months,~~ 8 Hours ~~Days.~~

Color, ~~Sex.~~ White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~——~~ Single

Occupation, Not old enough

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 189 Cannon St

Cause of Death, { First (Primary,) Premature birth
Second (Immediate,) Feeble Vitality

Duration of Last Sickness, 8 Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 29th

R. C. Lee M. D.
Medical Attendant.

Undertaker, J. J. Thacher

Place of Business, 15 & Camden St

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 May 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Horlebein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 419 Saratoga Street

Cause of Death, First (Primary,) Bright disease

Second (Immediate,) Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Park —

Date of Burial, May 30th 1875

Marbury Brown M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Emily Hawthorne.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, A Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. York

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 72 Mt. Vernon Place

Cause of Death, First (Primary,) Rheumatic fever (acute) aortic

Second (Immediate,) Valvular disease & Bright's disease of the Kidneys, Eisenhotic [illegible]

Duration of Last Sickness, Since May 2, 1875.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 31st 1875

W. T. Howard M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 496 Druid Hill Ave

Address 181 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT MAY 1875 BALTIMORE MD

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2959

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Estep

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 45 *Years,* *Months,* *Days.*

Color, Negro *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 97 Sarah Ann st

Cause of Death, {First (Primary,) Typhoid Pneumonia
Second (Immediate,) Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 30 1875

H Dorsey *M. D.*
Medical Attendant.

Undertaker, S McChase

Place of Business, 194 S Howard St *Address* 145 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ~~STATISTICS~~.

HEALTH DEPARTMENT MAY BALTIMORE BALTIMORE.

Permit No. #2960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick William Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, 29 Days.

Color, White. Sex, Male.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Through life

Place of Death, {Give street and number.} 118 West 2d.

Cause of Death, {First (Primary,) Meningitis / Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 31st '75

J. E. Harrington M. D.
Medical Attendant.

Undertaker, Julius Koehler Address 364 Light St.

Place of Business, Cor Sharp & Cross.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

Permit No. 2961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Brown

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 4 *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 9 Mason alley

Cause of Death, First (Primary,) Pertusis

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New cathedral cem'y

Date of Burial, May 30th 1875

Edmund R Walker M. D.
Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 65 Mulberry st

Address 180 Linden Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2962

HEALTH DEPARTMENT
MAY
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorcas Neal

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* about *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt! Co

Duration of Residence in the City of Baltimore, About 25 years

Place of Death, {Give street and number.} Jordan alley near Rose St.

Cause of Death, First (Primary,) old Age

Second (Immediate,) Paralysis

Duration of Last Sickness, About a Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 30th 1875

D. E. Carey Thomas M. D.
Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 30 1875 BALTIMORE

Permit No. 2963.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christian August Haefner

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 74 *Years,* *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Teacher

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } No 121 N. Wolfe

Cause of Death, { First (Primary.) Disease of Heart
Second (Immediate.) unity not known

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, ~~Lonely~~ Cemetery Pierre L Dausch M. D.
Medical Attendant.

Date of Burial, 31 - May.

Undertaker, Ch Rossig

Place of Business, 136 E Fayette *Address* 27 N. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 29651

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1935 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1935

Full Name of Deceased, {Write legibly and spell correctly. If an infant but named, give names of parents.} Evangeline Barsoni

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, from birth.

Place of Death, {Give street and number.} 323 Eastern Ave.

Cause of Death, First (Primary,) Enteritis.

Second (Immediate,) Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, May 31st 10 a.m.

H. J. Kennedy, M. D.
Medical Attendant.

Undertaker, John Kenny

Place of Business, 77 S. Wolfe St.

Address 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mc Cutchan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, no.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore? Life

Place of Death, {Give street and number.} 6 Church Ct so Balt.o

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 1875.

Undertaker, Chas Harold

Place of Business, for Hanover. St York

James Allen M. D.
Medical Attendant.

Address Comr. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Informed of by Augt Mc Cutchan
her Bro

Board of Health, City of Baltimore,

Permit No. 2966.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dougherty

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 78 *Years,* *Months,* *Days.*

Color, white *Sex,* female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 23 years

Place of Death, {Give street and number.} No 6. Swan st.

Cause of Death, {First (Primary,) Old age / Second (Immediate,) Disease of heart.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery Peter G. Dauch M. D.
Medical Attendant.

Date of Burial, May 31st 1875

{*Undertaker,* James D Byrne *Address* 27. N. Broadway.
{*Place of Business,* No 63 N Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henrietta Dethe

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* Nine *Months,* *Days.*

Color, White. *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore. 4 years & 9 months

Place of Death, {Give street and number.} 1875 W. Balto. St.

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, May 31st

James T. Smithson M. D.
Medical Attendant.

{*Undertaker,* Philip Arnold

{*Place of Business,* 251. Eutaw St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2968.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard & Clemens Infant
Anna

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 4 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 357 McDonough St

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} 356 McDonough St

Cause of Death, First (Primary,) Congenital Deformity of the Heart.
Second (Immediate,) Carbonic Acid poisoning

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, May 31, 75

E. Geo. Walls M. D.
Medical Attendant.

Undertaker, Jno J Rodenmayer

Place of Business, 102 E Monument *Address* 181 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Ann Coats

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, Col *Sex,* Female

Married, ~~Single~~, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Servant woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 34 Chestnut Alley

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) Pulmonary Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31. 1875

W W Anthony M. D.
Medical Attendant.

Undertaker, S M. Chase

Place of Business, 192 S. Howard St *Address* 192 Penn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Virginia Thorn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~~~

Place of Death, {Give street and number.} 44 Garden St

Cause of Death, First (Primary,) Intermittent Fever (contracted in South America)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.t Edwd. F. Nicholson M. D.

Medical Attendant.

Date of Burial, June 1st 1875

Undertaker, Jacob Weaver

Place of Business, No 48 & 50 Druid Hill Avenue *Address* 279. W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mai 31ta 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Dolle

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Sixty~~ 60 *Years,* unknown *Months,* unknown *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hannover Germany

Duration of Residence in the City of Baltimore, eighteen years

Place of Death, {Give street and number.} N: 12 Aetna Alley

Cause of Death, First (Primary,) Pleurisy

Second (Immediate.) debility

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Henry Salzer M. D.

Date of Burial, June 1st 1875 Medical Attendant.

Undertaker, Morton D Bauds Address 165 W Lombard St.

Place of Business, 69 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2972

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Hayes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* 28 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.,

Duration of Residence in the City of Baltimore, Since his birth

Place of Death, {Give street and number.} St. Anthonys Orphan Asylum, Central Ave.

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 31st 1875

Undertaker, Henry Coats

Place of Business, 29 Central Ave.

John F. Mommee, M. D.
Medical Attendant.
S. W. Cor. Calvert & Read sts.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2973.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edwd Tracey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Youth

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth.

~~Place~~ of Death, {Give street and number.} 7 S. Sharp St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery. John Neff M. D.

Date of Burial, May 31st Medical Attendant.

Undertaker, Wm. M. Leonard *Address* 538 W. Fayette St.

Place of Business, 782 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. F. Pennegy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 27 Wheatenk St.

Cause of Death, First (Primary,) Lung Disease

Second (Immediate,)

Duration of Last Sickness, One minute

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 31st 1875

William B. Murray M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 48 & Druid Hill Avenue *Address* Cor. Baltimore and Stricker Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2975.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Whiting Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 yrs 3 Months 3 Days. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Four Yrs

Place of Death, {Give street and number.} 29 S. Regester St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 31st 1875

Undertaker, Hughes & Co

Place of Business, 66 S Broadway

A. L. Hilton M. D.
Medical Attendant.

Address 69 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th May 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Inv. Hy. Elfert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* Seven *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Three month

Place of Death, {Give street and number.} # 145 Lombard West

Cause of Death, First (Primary,) Congestion of brain

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 31st 1875

Jane S. Smithson M. D.
Medical Attendant.

Undertaker, Wm Coyne *Address* 584 W Fayette st

Place of Business, 584 W Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ann M. Bandel

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 8 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 185 N. Eden

Cause of Death, {First (Primary,) / Second (Immediate.)} Old age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 31st 1875

Undertaker, Wm. [illegible]

Place of Business, 237 E. Fay St.

D. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph. Badger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty Eight *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 266 East Chase Street

Cause of Death, {First (Primary,) Meningitis acute

{Second (Immediate,)

Duration of Last Sickness, Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Milton A. Taylor M. D.

Date of Burial, May 31st 1875 Medical Attendant.

Undertaker, W. H. Hickman *Address*

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

Permit No. 2979

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Sidonia Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 52 Tyson st

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 1 1875

G Lane Tanyhill M. D.
Medical Attendant.

Undertaker, John C. Morton

Place of Business, 1063 Park Av

Address 129 W. 23rd & 6th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 2980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Margaret Brick

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 879 Lexington St

Cause of Death, {First (Primary,) Puerperal Typho-Mania. Second (Immediate.) Typhoid degeneration & exhaustion

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cathedral Yard

Date of Burial, 2nd Jun.

Wm Reynolds M. D.
Medical Attendant.

Undertaker, F. Schultheis.

Place of Business, 154 Mulberry St. *Address* 845 N Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 3 BALTIMORE

Permit No. 2981,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~George Stanton Fowler~~ May 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Stanton Fowler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifteen *Years,* Two *Months,* Eleven *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Fifteen years two Months & Eleven Days

Place of Death, {Give street and number.} 350 N Gay St

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute peritonitis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 1st 1875

{*Undertaker,* Wm H Heckman / *Place of Business,* 1134 Gay St} *Address*

Geo A Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1875. J. A. Mc.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Hubbard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Matthews Co Virginia

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and number.} 75 South Ann St

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery J. F. Williams M. D.

Date of Burial, June 1st 1875 Medical Attendant.

Undertaker, W. A. Saiger

Place of Business, 74 S Broadway *Address* 71 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2983,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Pitman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 70 Harford Ave -

Cause of Death, {First (Primary,) / Second (Immediate,)} Tuberculous Meningitis

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Ground, Jno. Brooke Boyle M. D.

Date of Burial, May 31st 1878 Medical Attendant.

Undertaker, Thos. J. Hughes

Place of Business, 60 E Bello Alt Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

Permit No. 29849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Earhart.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 62 *Years,* ——— *Months,* ——— ~~*Days.*~~

Color, white *Sex,* male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, if not born long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Townsend St.

Cause of Death, First (Primary,) Softening of the Brain,
Second (Immediate,) Paralysis

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 1 — 1875

Undertaker, J. J. Grahmes

Place of Business, 262 Penn Ave *Address* 89 N. Green St.

J. G. Keller, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 2985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Name J. H. & S. S. Bradburys

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years.~~ ~~Months.~~ about 10 hours ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 208 Barnett

Duration of Residence in the City of Baltimore, About 10 hours

Place of Death, {Give street and number.} No 208 Barnett

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June

Rembert W. Hemble M. D.
Medical Attendant.

Undertaker, John S. Mackie

Place of Business, No 15 Camden *et Address* 203 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE MD.

Permit No. 2986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Bond Hammond

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, African *Sex,* Female

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Help

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} Frames Court

Cause of Death, {First (Primary,) Diarrhoea

{Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery H. T. Kemsle M. D.

Medical Attendant.

Date of Burial, June 1st 1875

Undertaker, William N. Dunger

Place of Business, No 104 East St. *Address* 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 2987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida. E. Bowen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State nr country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, all it life

Place of Death, {Give street and number.} 879 Hanover st

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County by Theodore Bosk M. D.

Medical Attendant.

Date of Burial, June 1st 1875

Undertaker, John Mackin

Place of Business, No 150 Camden st *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

Permit No. 2988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Bonsall,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 9 *Years,* — *Months,* — *Days.*

Color, *Sex,* Male,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lace Manufacturer,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Long Eaton, Derbyshire, Eng.

Duration of Residence in the City of Baltimore, 6 Years.

Place of Death, {Give street and number.} 36 Barre St.

Cause of Death, First (Primary,) —

Second (Immediate,) Apoplexy.

Duration of Last Sickness, Few Minutes.

All the above information should be furnished by the Physician.

Place of Burial, Friend's Cemetary

Date of Burial, June 2nd

Undertaker, C. F. Keerse

Place of Business, 207 Hanover

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 2989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary C. Foreman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, two *Years,* Six – *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Two Years Six months

Place of Death, { Give street and number. } Jordan Alley No. 23

Cause of Death, { First (Primary,) Rickets / Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. K. Mumik *M. D.*

Date of Burial, June 2, 1875 Medical Attendant.

Undertaker, John C Sorley *Address* 131 N. Biddle St.

Place of Business, 13 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875

Permit No. 2990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington Del

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Baltimore city. 31 N. Casey St

Cause of Death, First (Primary,) Carcinoma

Second (Immediate,) "

Duration of Last Sickness, Eight months.

All the above information should be furnished by the Physician.

Place of Burial, Dove 1st

Date of Burial, Green Mount

Jas. Lloyd Martin M. D.
Medical Attendant.

Undertaker, R. Rowlandson *Address* 38 Mount Vernon Place

Place of Business, No 92. N. Howard st Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the reverse side. How to use of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 2991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Ann Lee

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Lime St.

Cause of Death, {First (Primary,) Second (Immediate,) Cancer of Arm}

Duration of Last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 1st 1875

{*Undertaker,* Wm Jones Son / *Place of Business,* 63 Smithes Alley}

D. J. Keller M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 2992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Newman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days.*

Color, ~~Black~~ Mulatto *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Eastern Shore Md.

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, { Give street and number. } 168 Tyson St

Cause of Death, { First (Primary,) Consumption
Second (Immediate,) }

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 1st 1875

Undertaker, Wm Sinex Jr

Place of Business, 68 Hanover St

H Winslow M. D.
Medical Attendant.

Address 23 N Eutaw & 1486 Pa Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JUN 11 1895 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie McGinley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 years. 2 months Months. Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} St. Johns Orphan Asylum Central Ave

Cause of Death, First (Primary,) Hip Joint disease

Second (Immediate,)

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, June 1st 1895

John F. Monaghan M. D.
Medical Attendant.

Undertaker, Jas T. Byrnes

Place of Business, Front St.

Address S. W. Cor Hill & Lee sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Hurst (Hurst)

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~or Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, { Give street and number. } 29 S. Wolfe St

Cause of Death, { First (Primary,) / Second (Immediate,) } Cancer of Uterus

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Mt Hebron Cemetery

Date of Burial, 2 " June

Augustus F. Erick M. D.
Medical Attendant.

Undertaker, H. Köhler

Place of Business, 244 E. Lombard St. *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

Date of Death, June 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Baughman

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 69 *Years,* 11 *Months,* 23 *Days.*

Color, White *Sex,* .....

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, do

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany and Rahn Bavaria

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 209 Hollins st

Cause of Death, First (Primary,) old age Debility

Second (Immediate,) .....

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 2d 1875

Fred Culbertson *M. D.*
Medical Attendant.

Undertaker, C. J. Lowes

Place of Business, 16 Eastern Ave. *Address* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Sweets.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 2 *Months,* 15 *Days.*

Color, White *Sex,* Single

Married, Single, Widow or Widower, { Cross out the words not required in this line. } none

Occupation, Baltimore City

Birthplace, { State or country (and how long in the United States, if of foreign birth. } life

Duration of Residence in the City of Baltimore, No 81 Warson St

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Pneumonia

{ Second (Immediate,)

Duration of Last Sickness, 0 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks B.G.

Date of Burial, June 2. 1875

M. D.

~~Medical Attendant.~~

{ *Undertaker,* Davis

{ *Place of Business,* Saratoga St. *Address* Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Rhunk

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Christine~~ Montgomery

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* ~~2~~ 8 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 26 La Roche al

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Inflammation of Brain

Duration of Last Sickness, She has been sick for 3 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery W. B. Gifford M. D.

Medical Attendant.

Date of Burial, June 3d 1875

Undertaker, Wm James Gray Address 117 Madison St.

Place of Business, 65 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose L Jackson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 8 *Days.*

Color, Col'd *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 156 Hoffman St

Cause of Death, First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2nd 1875

Undertaker, W. I. Gray

Place of Business, 65 Mulberry St

James A Glenn M. D.

Medical Attendant.

Address Commis of Health & Registr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Returns [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Eli Sellers

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 65 *Years,* 8 *Months,* 8 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Liberty Frad. Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 114 Harlaem Avenue

Cause of Death, First (Primary,) Senile Bronchitis

Second (Immediate,)

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, June 3rd 1875.

Wm. K. Duncan, **M. D.**
Medical Attendant.

Undertaker, Wm. H. Weaver.

Place of Business, 28 W. Baltimore St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie O Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 357 Penna. Ave

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Dropsy (general)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 2nd 1875

H. H. Christian M. D.
Medical Attendant.

Undertaker, [redacted]chilling

Place of Business, 72 Pennsylvania Av

Address 771 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1875 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Ann Clark

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} N. Broadway No 331

Cause of Death, First (Primary,) Chronic Metritis

Second (Immediate,) Uterine disease

Duration of Last Sickness, Several Months

All the above Information should be furnished by the Physician.

Place of Burial, St Mary Govanstown

Date of Burial, June 2D 1875

Undertaker, James O Byrne

Place of Business, No 68 N Front St

I. I. Cockrill M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keeper [illegible] for Burials 3002

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

Date of Death, June 2. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl Feldmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Graeberg Preussen Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} Lloyd St N 20.

Cause of Death, First (Primary,) Rheumatism and Pericardii

Second (Immediate,)

Duration of Last Sickness, for. 3 years sick

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, June 3

John M. P Poretti M. D.
Medical Attendant.

Undertaker, Ch Pressing

Place of Business, 136 E Fayette *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials

3113

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31103,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Richard

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 17 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, { Give street and number. } c/o 10 McKlay St Court

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2nd 1875

Undertaker, John F. Locke

Place of Business, 65 South Wolfe St *Address* 137 Eden St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemet... will make returns of... No. 3004

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st eighteen hundred and ~~seventy~~ five

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johny Kirby

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* & seven *Days.*

Color, white *Sex,* male

~~Married~~ *Single,* ~~Widowed or Divorced~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Maryland.

Duration of Residence in the City of Baltimore, three months & seven days

Place of Death, {Give street and number.} No. 6 Anthony st.

Cause of Death, First (Primary,) Cerebral Congestion

Second (Immediate,)

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery M. D. Billingslea, M. D.,
Medical Attendant.

Date of Burial, June 2 d 1875

Undertaker, Adam Fink *Address* & 12 Harford ave.

Place of Business, 161 N. Bay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 300

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wenzel Jelinsch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* four *Months,* fourteen *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 life

Place of Death, {Give street and number.} N. 58 Harrison St

Cause of Death, First (Primary,) Capilary Bronchitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Church

Date of Burial, June 2d 1875

Undertaker, Henry Keefe

Place of Business, N. 309 Canton Avenue

C. T. Trautmann M. D.
Medical Attendant

Address N. 187 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3006,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

Date of Death, June 1st, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Mary Wolf

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 89 *Years,* 11 *Months,* 11 *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 85 N. Broadway

Cause of Death, First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, June 4th, 75

Wm. H. Clendinen, M. D.
Medical Attendant.

Undertaker, Autry

Place of Business, 54 N Broadway *Address* No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials

No. 3007

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amalia Maria Langer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, Years, 3 Months, 21 Days.

Color, white *Sex,* female

~~Married, Single, Widow or Widower.~~ {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2. E. Chappell st,

Cause of Death, First (Primary,) convulsions

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Athanius

Date of Burial, June 3d.

Pierre G. Dausch M. D.
Medical Attendant.

Undertaker, W. Dilgard

Place of Business, South Bond st 151 *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of ... for Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

Date of Death, 2 June 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl Breuing

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} No. 5 Liberty corner Fait Sts.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Jones Falls

Date of Burial, Friends Burying ground [illegible] M. D.

Medical Attendant.

Undertaker, H Reid

Place of Business, Alice Ann St *Address* 102 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificat

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulu Bettinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 141 Elder corner 31st St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Diphtheria

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenly B. Grove

Date of Burial, June 3 [illegible] M. D.

Medical Attendant.

Undertaker, H Weir

Place of Business, Alice Ann St *Address* 102 S. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3010

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Benington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} his father's corner Gist & Pr.

Cause of Death, First (Primary,) Cold fever

Second (Immediate,) Diphtheritis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Friends B. G

Date of Burial, June 3d 1875

Knill M. D.
Medical Attendant.

{*Undertaker,* H. Bein

{*Place of Business,* Alice Ann *Address* 102 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

N 3011

Board of Health, City of Baltimore,

Permit No. 3011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15 1875

Full Name of Deceased, {Write legibly, and spell correctly. If an infant not named, give names of parents.} Hazel Maria Elizabeth Hayes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 7 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, acc'ts life

Place of Death, {Give street and number.} 111 Saratoga

Cause of Death, First (Primary,) Parulent Infection

Second (Immediate,) Convulsion

Duration of Last Sickness. I visited the case 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Hebron

Date of Burial, June 16

Undertaker, H Bergmann

Place of Business, 45 E Lay St

W. T. A. Kemp M. D.
Medical Attendant.

Address 55 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rks below, and to List of Diseases on back of this Certificate.

...y, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2d 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Margaret Eliz. Drake

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 — *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 28 Caroline St. — same

Cause of Death, { First (Primary,) Inflamation & Stomach a Second (Immediate,) Gastric Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, June 4 at 10 o'clock

Buckler Jones — M. D.
Medical Attendant.

Undertaker, Richard Hall

Place of Business, 133 East Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3013,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Beatty

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Domestic

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, { Give street and number. } 42 Chapel St

Cause of Death, { First (Primary,) Phthisis Pulmonalis

{ Second (Immediate,) —

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3rd 1875

{ *Undertaker,* H. Schultheis

{ *Place of Business,* 261 E. Monument St *Address*

A. P. Hyde *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 3 BALTIMORE

Permit No 3014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Albert Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 2 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 199 Mulliken St Balto.

Duration of Residence in the City of Baltimore, 1 yr. 11 mos. 2 days

Place of Death, {Give street and number.} 199 Mulliken St.

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Pneumonia.

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4th 1879

Undertaker, John. H. Loucks

Place of Business, 65 S. Wolfe st

D. Geo. H. Grayson M. D.
Medical Attendant.

Address 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3015

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 3 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Haden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, Dark Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} Forrest Street 25

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3rd 1875

Undertaker, Wm H. Lange

Place of Business, No 104 East St. *Address* 211 Aisquith St

3 E Shultz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} Samuel Holmes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eleven *Years,* Two *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carol County - Maryland -

Duration of Residence in the City of Baltimore, Eight Months

Place of Death, {Give street and number.} Harmony Lane 122

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Five days -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Burying ground.

Date of Burial, June 3d 1875

A D Chesley M. D.
Medical Attendant.

Undertaker, S M Chase

Place of Business, 161 Hanover st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3017.

HEALTH DEPT. JUN 3 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Alexander White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 President St

Cause of Death, First (Primary,) Convulsions

Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, June 3rd 1875

M. D.

Undertaker, Wm Donovan

Place of Business, 6 Bank St. *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Alexander White (Father)

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate

Board of Health, City of Baltimore,

Permit No. 3018. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore May 30 th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Baily

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* Five *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Born in the city

Place of Death, {Give street and number.} No 9. Sullivan St

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Congestion

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 3rd

Undertaker, James Hearn

Place of Business, No 12 Saratoga St

J. L. Dyer M. D.

Medical Attendant.

Address No 146 Hill St Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3019.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jefferonia Skyes.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years* *Months* *Days.*

Color, Mulatto. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} South Cumberland County Va.

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, {Give street and number.} 4 & Penny Garden Str.

Cause of Death, First (Primary,) Scrofula.

Second (Immediate,) Consumption.

Duration of Last Sickness, about 2 years.

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, June 2nd

Undertaker, H. H. & Co. Terry

Place of Business, 148 N Paca

J. B. White M. D.
Medical Attendant.

Address Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

Permit No. 3020

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Letitia Doherty

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* 3 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sterling, Scotland – 2 years in U.S.

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number.} 175 Edmondson Ave.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate.) Total Paralysis

Duration of Last Sickness, 24 Hours.

All the above information should be furnished by the Physician.

Place of Burial, At Potters Cemetery

Date of Burial, the 4th of June

Undertaker, J. Kinnert.

Place of Business, 211 Northern Ave

John D. King *M. D.*
Medical Attendant.

Address Edmondson Ave – near Hamilton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 3021,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philippine Albrecht

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 yrs *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manfried. Kurhessen Germany

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 863 South Eutaw St

Cause of Death, First (Primary,) Cancer of the Stomach

Second (Immediate,)

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery L. McShane M. D.

Date of Burial, June 4 Medical Attendant.

Undertaker, Henry Weis

Place of Business, Fremont St 81 *Address* 626 Lemaigne St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 3[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

Permit No. 3022.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence A. Mosle.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Sex~~, Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always resided here.

Place of Death, {Give street and number.} 76 ~~Baltimore~~ Franklin St

Cause of Death, First (Primary,) Serous Apoplexy.

Second (Immediate.)

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Garrison Forest P. Balto. Co

Date of Burial, June 4th 1875

Undertaker, Jacob Weaver

Place of Business, No 46 Druid Hill Ave. *Address*

Albert L. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

Permit No. 3023.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3 " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 17 *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balte md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 172 Dallas Street

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St B. G

Date of Burial, June 4th 1875

Undertaker, Jones

Place of Business,

James H Steuart M. D.
Medical Attendant.

Address Commissioners of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 3024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1875 at 3 oo A M

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Fry Poole

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Thirty three *Years,* (33) ——— *Months.* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widowed~~, ~~Widower~~, { If required in this line. }

Occupation, Cotton Broker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, From the first [illegible]

Place of Death, { Give street and number. } 131 Lexington to Bet Howard & Park Sts

Cause of Death, { First (Primary,) Cancer Fibro Sarcoma Left testical from Splenic
Second (Immediate,) Pain & Extenuation

Duration of Last Sickness, From Oct 1874 to June 3rd 1875

All the above information should be furnished by the Physician.

Place of Burial, Harford County Md. Jno L Caldwell M. D.
Medical Attendant.

Date of Burial, June 4th 1875.

Undertaker, J R & N. Weaver,

Place of Business, 22 W. Fayette St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

114 Transit

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 3 1875

Permit No. 3025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3d of June 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wilhelmina Kerckhoff (Kerckhoff)

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 9 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower. { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 105 Conway St

Cause of Death, { First (Primary,) / Second (Immediate.) Pneumonia

Duration of Last Sickness, was only three days under my treatment

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 4th of June

D. W. Feldmann M. D.
Medical Attendant.

Undertaker, Mader

Place of Business, Corner of Saunders Place Address 120 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemete...

No. ...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Gerard

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 13 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 176 N. Eutaw St

Cause of Death, First (Primary,) Cerebro Meningitis

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Saturday June 5th

Thomas ... *M. D.*
Medical Attendant.

Undertaker, Henry C. Justice & Son

Place of Business, 16 Light St. *Address* ... Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries to C...

...o.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 3027.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3d June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Israel Cohen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Broker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of his life

Place of Death, {Give street and number.} Cor Reid & St Paul's St Balto

Cause of Death, First (Primary,) Embolism

Second (Immediate,)

Duration of Last Sickness, Abt two hours.

All the above Information should be furnished by the Physician.

Place of Burial, Hebrew Burying Ground Saratoga St near Carey

Date of Burial, 6th June 1875

Undertaker, Wm. Jenkins & Son

Place of Business, 16 Light St

Thos Shultz M. D.
Medical Attendant.

Address Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 4 BALTIMORE

Permit No. 3028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carolina Shorlback

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, One *Years,* One *Months,* thirteen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 358 W. Pratt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 335 W. Pratt

Cause of Death, { First (Primary,) Second (Immediate,) } Phlegmonous Parotiditis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Michael's Cemetery

Date of Burial, June 3rd 1875

Undertaker, John Tuesl

Place of Business, 491 W. Balto. St. *Address*

H. Grim M. D.
Medical Attendant.

Race & Hayes 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 3029

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacanal Mehlhorn

~~*Sex,* Male *or Female*~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number.} 64 S. Registe

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, June 6th at 2 p m

{*Undertaker,* Henry Sander / *Place of Business,* 252 Canton Av. *Address* 47 S. Broadway

R. W. Mansfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3030

HEALTH DEPARTMENT JUN 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Dickel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24. *Years,* 11. *Months,* 10. *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Packer of Gunsmans

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 363. Sharp St.

Cause of Death, First (Primary,) ——

Second (Immediate,) Phthisis

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 5th 1875

Theodore Ortla M. D.
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5031

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John, H. Crowder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* *Days.*

Color, Sex,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 years & 2 months

Place of Death, {Give street and number.} 246 E. Madison st

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Meth. Cemetery P R

Date of Burial, June 5th

{ *Undertaker,* Wm Fry
Place of Business, 54 E Broadway *Address*

Wm. L. Russell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

Permit No. 31312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Butler

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Sixty-five *Years,* — — *Months,* — — *Days.*

Color, White

Sex, Widow

Occupation, ~~Male, Widow or Widower~~ {Cross out the words not required in this line.}

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} 352 N Stricker St

Cause of Death, First (Primary,) Heart-Disease

Second (Immediate,) Pulmonary Engagement

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cem.

Date of Burial, June 5th 1875

W. G. Rider M. D.
Medical Attendant.

Undertaker, H. A. Zaiger

Place of Business, 42 S. Broadway *Address* 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875

Permit No. 3133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James D. McKean

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 67 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Custom Broker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Trenton N. Jersey

Duration of Residence in the City of Baltimore, Since Infancy (35 yrs)

Place of Death, {Give street and number.} 71 S. Eden St.

Cause of Death, { First (Primary,) Apoplexy
Second (Immediate,)

Duration of Last Sickness, 20 Minutes

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 6 1875

Undertaker, Matthias & Unger

Place of Business, 74 S. Broadway

James E. Ammett M. D.
Medical Attendant.

Address 199 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30324

REGISTRAR'S OFFICE JUN BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anne Roth

Sex, Male, or Female, {Cross out the word not required in this line.} .....

Age, About 60 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number.} 26 Richardson St

Cause of Death, {First (Primary,) Inflammation of Kidneys

{Second (Immediate,) Dropsy

Duration of Last Sickness, 12 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery W. H. Gatchell M. D.

Medical Attendant.

Date of Burial, June 4 1875

Undertaker, S. W. Chase

Place of Business, 1908 Boundary Address 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Boyd

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 6 Months, 19 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, From birth.

Place of Death, { Give street and number. } 34 Bank St.

Cause of Death, { First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup with Exhaustion

Duration of Last Sickness, 2d Attack

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Graveyard

Date of Burial, June 5th 1875

Undertaker, H. H. Stinger

Place of Business, 541 Central Ave.

A. L. Pitts M. D.
Medical Attendant.

Address 34 St. Paul St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 4 1875

Permit No. 3036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Joseph Schagamann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 5 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 294 Aisquith St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, 6 days.

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 5th 1875

James A Steuart M. D.
Medical Attendant

{*Undertaker,* Henry Hoeck
Place of Business, 307 Central Ave

Address Commiss of Health
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Father P. Schagamann

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3037.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
JUN 4
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 2 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Corner Fulton & Pratt Sts

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Ditto

Cause of Death, First (Primary,) Convulsions. Hooping Cough.

Second (Immediate,) Possibly Perforation of Bowel

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemmentry

Date of Burial, June 5th 1875 Henry R. Noel M. D.

Medical Attendant.

Undertaker, Wm C. R. Leonard

Place of Business, 782 West Baltimore st Address No 10 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

Permit No. 3 1 1 3 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Welch

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, 57 yrs

Place of Death, { Give street and number. } 3 Mod st

Cause of Death, { First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 5th 1875

L. M. Warner *M. D.*
Medical Attendant.

{ *Undertaker,* Edward McCaul Bro
{ *Place of Business,* Eutaw & Saratoga 32 *Address* 36 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore, ,,,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

REGISTRAR'S DEPARTMENT JUN 1875 BALTIMORE.

Permit No. 3039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th of June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward L. Holzer

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 51 *Years,* 3 *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Steamboat manager

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 413 E Fort St.

Cause of Death, {First (Primary,) Typhus abdominalis

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 5th 1875

Undertaker, Thos O Hughes

Place of Business, 40 E Balto St *Address*

J. Schmidt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30110

HEALTH DEPARTMENT JUN 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaret Fletch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Baltimore Hospital ofc 19

Cause of Death, First (Primary,) Cerebro-spinal

Second (Immediate.)

Duration of Last Sickness, 18 months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery J. H. Ridgely *M. D.*

Date of Burial, June 6th Medical Attendant.

Undertaker, S B Cook

Place of Business, No 707 W Baltimore Street *Address* 257 West Lombard Street Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

Permit No. 3141

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
4
1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Brennan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* 10 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 82 N. Amity

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 5th

Edw. F. McElhone M. D.
Medical Attendant.

{*Undertaker,* J. Black

{*Place of Business,* No 707 W. Baltimore Street *Address* 279 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltic

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3042

HEALTH DEPARTMENT JUN 4 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Bosley Hosman.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White. *Sex,* Male.

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Policeman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester, Co. Md.

Duration of Residence in the City of Baltimore, Forty years.

Place of Death, {Give street and number.} 535 E. Fayette, St.

Cause of Death, First (Primary,) Carcinoma of the Stomach

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, June 5th 1875

G. Glanville, Lusk, M. D.
Medical Attendant.

Undertaker, Wendel Bischel

Place of Business, 157 S. Bond St. *Address* Bell, & Washington, Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 5 1875

Permit No. 3043.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richd S Robbins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 8 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, U. S. N.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 130 N Front

Cause of Death, First (Primary,) Ch. Dysentery

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, York Penna D. F. Coyner

Date of Burial, June 5th 1875

M. D.
Medical Attendant.

Undertaker, Wm. H. Pickman *Address* 129 N High

Place of Business, 2340 E. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Israel 115

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 30414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Halstead

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Manufacturer of Chemicals

Birthplace, { State or country (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, Twenty three Years

Place of Death, { Give street and number. } 103 S. Eden St

Cause of Death, { First (Primary,) Intemperance / Second (Immediate,) Syncope

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 5th 1875

{ *Undertaker,* Keyser & Co / *Place of Business,* 6 & 8 Broadway

Augustus F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 5 1875 BALTIMORE

Permit No. 3145

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June the 4. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Streib

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Beer-Brewer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 317 South Bond St.

Cause of Death, First (Primary,) Concussion of the Brain

Second (Immediate,)

Duration of Last Sickness, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 5th

Undertaker, Leonhard Rau

Place of Business, 277 S. Bondstreet.

J. M. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to the ... on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 5 1895 BALTIMORE

Permit No. 30476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Heath

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 4 *Months,* *Days.*

Color, Colored *Sex.*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Allegation

Place of Death, {Give street and number.} No. 103 Wilcox Alley

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran

Date of Burial, 5th June

A Richter M. D.

Medical Attendant.

Undertaker, Samuel Chase

Place of Business, Hill & Bowen Sts. *Address* 30 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemet... ...Baltimore

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC...

HEALTH D... JU... 1875 BALTIMORE

Permit No. 3047.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4. 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Georg Bredman.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, *Years,* 1. *Months,* 1. *Days.*

Color, white *Sex.*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Orleans St. No 82.

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate,) Chronic Croup.

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church-Yard

Date of Burial, June 4.

Undertaker, W. Dippel.

Place of Business, South Bond St. No 181

C. H. Fisch, M. D.
Medical Attendant.

Address 16 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cem...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE

Permit No. 3048

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm P Reynolds

Sex, Male or Female, {Cross on the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ironworker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wales

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} Harris Alley, between Hudson & Dillon

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 6th 1875

Undertaker, Hughes & Co

Place of Business, 651 Broadway

E. Jones Williams M. D.
Medical Attendant.

Address No 33 Elliot St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT JUN 5 1875 BALTIMORE

Permit No. 3049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara Flaherty.

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 380 Bank St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Encephaloid of Uterus

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 6th 1875

{ *Undertaker,* Chas J. Sexton / *Place of Business,* 211 N Eutaw St

A. F. Erick M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t

Board of Health, City of Baltimore,

HEALTH DEPT. JUN 5 BALTIMORE.

Permit No. 30570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Whitehead

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 3 *Months.* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 210 S. Monroy,

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew cemetery

Date of Burial, June 6/75

Abram B. Arnold M. D.
Medical Attendant.

Undertaker, M Longgood

Place of Business, 87 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 3151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Stanton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* ~~7~~ 7 *Months,* ~~7~~ *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tinner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Hillen

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate.)

Duration of Last Sickness, five years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick

Date of Burial, June 6 1875

Undertaker, C F Krause

Place of Business, 209 Hanover

W. H. Welch M. D.

Medical Attendant.

Address 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burial

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

HEALTH D. JUN 5 1875 BALTIMORE

Board of Health, City of Baltimore,

Permit No. 30521

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Foundling

Sex, ~~*Male or Female,*~~ { Cross out the word not required in this line. }

Age, ~~ *Years,* ~~ *Months,* 10 *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 2 Short St. Court

Cause of Death, { First (Primary,) ~~Hydrocephalus~~ Asthenia
Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Field

Date of Burial, June 5th 1875

Undertaker, W. Donovan

Place of Business, 6 Bank St

James A Steuart M. D.
~~Medical Attendant~~

Address Commissioners of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Police Officer Middle District

Keepers of Cem[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

HEALTH JU 5 1875 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3053,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eva Boehm

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 346 Eastern Ave

Cause of Death, First (Primary,) old age

Second (Immediate,) Gen Debility

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 6th 1875

{*Undertaker,* John W. Locke

{*Place of Business,* Wolf Street

Jos. A. Steuart M. D.

~~Practice of Attendance~~

Address Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by her Son August Boehm

[OVER.

Keeper

No.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of t

Board of Health, City of Baltimore,

HEALTH DE... JUN 5 1875 BALTIMORE MD.

Permit No. 2057 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1875

Full Name ~~of Deceased~~, {Write legibly and spell correctly. If an infant not named, give names of parents} Peter Seltzbach

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 91 *Years,* 7 *Months,* 11 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oberwinkopfen Mainz Prussia

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} 102 N Caroline st

Cause of Death, First (Primary,) Cerebral Atrophy

Second (Immediate.) Old Age

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Rev. L. Russell M. D.

Date of Burial, June 11th Medical Attendant.

Undertaker, Wright & Sons

Place of Business, 1235 Bank St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

HEALTH DEPT. JUN 5 1875 BALTIMORE, MD.

Permit No. 31155

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Means

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 1 Month ~~Years~~, *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Market Space

Cause of Death, First (Primary,) Lung

Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 6th 1875

R. H. McWilliams M. D.
Medical Attendant.

{*Undertaker,* James B Byrne
{*Place of Business,* No 630 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

HEALTH DEPT. JUN 5 1875 BALTIMORE

Permit No. 13056

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 3 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } John George Schreiner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seventy Six *Years,* Ten *Months,* Eleven *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Wurtemburg Germany

Duration of Residence in the City of Baltimore, Naturalized Citizen

Place of Death, { Give street and number. } 269 Franklin St

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption.

Duration of Last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 6th

{ *Undertaker,* C. Wagand / *Place of Business,* 53 Druid Hill Ave } *Address* 532 W Fayette St

Fred Antelmann *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE

Permit No. 3057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W Burn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 3 weeks Days.

Color, Dark Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Weeks

Place of Death, {Give street and number.} 633 Pennsylvania ave

Cause of Death, First (Primary,) Scrofulous Diathesis

Second (Immediate,) Marasmus

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5 1875

Undertaker, John E. Gordon

Place of Business, 63 Park Ave

H F Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Robert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER

Keepers of Cemeteries in City of [illegible]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3058,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary — Illegitimate

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the ~~City of Baltimore~~, Institution Streets

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) convulsions

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 6. 1875

Undertaker, I B Cook & Co

Place of Business, 707 W Balt. Street

Marbury Bowen M. D.
Medical Attendant.

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

3057

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laomnes Minatree

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coach Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give street and number.} Ball Infirmary

Cause of Death, First (Primary,) Intemperate use of Stimulants & Narcotics

Second (Immediate,) Probably Brain disease

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Warrenton North Carolina J. A Ashby M. D.

Date of Burial, June 7th 1875 Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 46 Druid Hill Avenue *Address* Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Granet (116)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3060

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walt Lawson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 2 *Months,* 1 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, his Whole life

Place of Death, {Give street and number.} 77 Elbow Lane

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 6 1875

Undertaker, C McChase.

Place of Business, 17 S Howard St *Address* 53 N Paca St

M Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1 | Keepers of Cemeteries in C

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonard Benecken

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty three *Years,* Two *Months,* *Days.*

Color, White *Sex,* White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany.

Duration of Residence in the City of Baltimore, Six Years.

Place of Death, {Give street and number.} 233 Eastern Avenue,

Cause of Death, First (Primary,) Dropsy.
Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Monday.

Richds L Dashiell M. D.
Medical Attendant.

Undertaker, Kendelin Dippel

Place of Business, 151 S. Bond St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 3062

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kelley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Infirmary Lombard & Green Sts.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem.y

Date of Burial, June 6th 1875

Undertaker, Jos F. Byrne

Place of Business, 57 n Liberty st

T. A Ashby M. D.
Medical Attendant.

Address Balt Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3063

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 6 1875

CERTIFICATE OF DEATH.

Date of Death, June 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mary Grauenlaw

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number.} No 421 Republican St

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore county.

Date of Burial, June 7

Undertaker, J B Cook

Place of Business, No 707 1/2 Address 210 Franklin St Baltimore

John L. Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

Date of Death, June 5th 1875

Full Name of Deceased, {Write legible and spell correctly. If an infant not named, give names of parents.} Julia Fowler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, C

Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Co Va

Duration of Residence in the City of Baltimore, 6 Yrs

Place of Death, {Give street and number.} 11 Carlton St

Cause of Death, First (Primary,) Valvular disease of Heart & Hypertrophy

Second (Immediate,) Dropsical Effusion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6

Undertaker, John C Gordon

Place of Business, 63 Park St

John Keff M. D.
Medical Attendant.

Address 55 & W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

No.

Board of Health, City of Baltimore,

Permit No. 3065.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

Date of Death, June 5 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Offutt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* 16 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} cor. Hughes & Granby

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, New burial ground on Belair Road

Date of Burial, June 7th 1875

Edward F. Smith *M. D.*
Medical Attendant.

Undertaker, Chas. Hollander & Son

Place of Business, 220 N. Pratt *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Cole

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 3 *Years,* *Months,* *Days.*

Color, white *Sex,* female

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 45 years in U S

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 102 Exeter st

Cause of Death, First (Primary,) Disease of heart probably

Second (Immediate,) sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, June 7 75

Undertaker, John J Rodemeyer

Place of Business, 102 E Monument St

Edmund R Walker M. D.

~~Medical Attendant.~~ Coroner

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Emma Roberts.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, Col *Sex,* Mail

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, born & Chesnut all "

Place of Death, {Give street and number.} " " "

Cause of Death, First (Primary,) Gastric fever

Second (Immediate,) Inter Encephalitis

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6 / 95

{*Undertaker,* S W Chase

{*Place of Business,* 160 W Lanvard *or Address*

Louis Ch Hon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George William McElvish

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} North Paca Street 66.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, 22 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 7th 1875

Harris Turner M. D.

Medical Attendant.

Undertaker, Jno H Weaver

Place of Business, Fayette St *Address* 249 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers of the

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

Permit No. 3069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate (accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Helena Metz Hatfield

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 3 *Years,* 11 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Thirty One years

Place of Death, { Give street and number. } #56 Sommerset St E. B. Co.

Cause of Death, { First (Primary,) Intemperance / Second (Immediate,) Phthisis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St. Josephs Cem'y

Date of Burial, June 8th 1875

Undertaker, Henry Hook

Place of Business, 309 Central Ave. *Address* 187 N. Calvert St

H. G. Prince *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

Permit No. 3070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matilda Timms

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Minor

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Annapolis Md.

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and number. } 124 Bank St

Cause of Death, { First (Primary,) Apoplexy Apoplexy

Second (Immediate,) Eighteen Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 7th 1875

James E. Demitte M. D.

Medical Attendant.

Undertaker, Francis Sanger

Place of Business, 14 S. Broadway

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

Permit No. 3071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALDERMEN'S DEPARTMENT JUN 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhamina Krage

~~*Sex,*~~ ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give street and number.} N. E. Cor. Montgy & Charles

Cause of Death, First (Primary,) unknown

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, in 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 7th 1875

A. M. Dodge M. D.
Medical Attendant.

Undertaker, Solon Kocher

Place of Business, Cor Sharp & Cross

Address 207 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 6 1875

Permit No. 3073,

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thurs 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Müller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 20 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,) Exhaustion

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 7th day of June

Undertaker, P. Kennedy

Place of Business, 317 Mulberry St

Wm. J. Walker M. D.
Medical Attendant.

Address St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

Permit No. 30714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Milton Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 182 Hamburg st

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,) Eight days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 27 1875

Undertaker, Charles F. Eberle *Address*

Place of Business, 111 36 Hanover st,

J Haney Eld *M. D.*
Medical Attendant.

90 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Armstrong

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, about 30 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Domestic

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Eastern Shore Md

Duration of Residence in the City of Baltimore, Nine years

Place of Death, { Give street and number. } Mount Clare Hill, foot of S Monroe St

Cause of Death, { First (Primary,) Pulmonary Phthisis

Second (Immediate,) Exhaustion &c

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St.

Date of Burial, June 7th 1875

{ *Undertaker,* R Kennedy

{ *Place of Business,* 317 Mulberry St

M. L. Keyser M. D.
Medical Attendant.

Address 845 Mall St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 3076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary — Foundling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Lying in Hospital

Duration of Residence in the City of Baltimore, 1 month - in Institution 1 day

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 6 1875

Marbury Brewer M. D.
Medical Attendant.

Undertaker, L. L. Chalmers

Place of Business, Penn^a Ave Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

Permit No. 3077.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Virginia Ostendorf

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* 11 *Months,* 13 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 120 Saratoga St

Duration of Residence in the City of Baltimore, Since her birth

Place of Death, {Give street and number.} 120 Saratoga St

Cause of Death, First (Primary,) Measles & Catarh

Second (Immediate.) Spasm

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 8th 1875

W Hammond *M. D.*
Medical Attendant.

Undertaker, H Boyd manr

Place of Business, 45 & Clay St *Address* 53 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3078

HEALTH DEPARTMENT JUN 9 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank & Annie Hagerty

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 40 Abbott St.

Cause of Death, { First (Primary,) / Second (Immediate.) } Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 7th 1875

Undertaker, — Family.

Place of Business, ———

Thos A Sheuard M. D.
Medical Attendant.

Address Commis of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Thomas Hagerty Friend

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3079

HEALTH DEPARTMENT JUN 6 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James E. Cadow.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 348 W. Fayette St.

Cause of Death, First (Primary,) Bright Disease

Second (Immediate.) Dropsy

Duration of Last Sickness, Several Month

All the above information should be furnished by the Physician.

Place of Burial, Chambers Burg Pa

Date of Burial, 8th June 1875

J. H. Keller M. D.
Medical Attendant.

Undertaker, Jos. Loane

Place of Business, 518 W. Balto St *Address* 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 117

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 3080

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 6 1892 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Getz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* 2 *Months,* 19 *Days.*

~~Color~~, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 193 Hamilton St

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *Date of Burial,* June 8th

Wooddy Rodkey M. D.
Medical Attendant.

Undertaker, H Brick

Place of Business, Hanover 81 *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

Permit No. 3181,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Robt Paraway

Sex, Male ~~*or Female*~~, { Cross out the word not required in this line. } Male

Age, 1 *Years.* 5 *Months.* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Ten Months

Place of Death, { Give street and number. } 20 Bond

Cause of Death, { First (Primary,) Teething Convulsions

Second (Immediate.)

Duration of Last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 8th 1875

Undertaker, Wm F Gray

Place of Business, 44 Hanover St *Address*

J. L. Smithum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 3082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Linthicum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6. *Years,* 5. *Months,* — *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 97. Baltimore

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, June 8/1875 10 Oclock

Undertaker, Armstrong & Denny

Place of Business, 26 & Light St

By Reardon Bro & Co M. D.
Medical Attendant.

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 3083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 5 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Foundling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 3 *Months,* ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the ~~City of Baltimore~~, Institution 3 weeks,

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, ~~First (Primary,)~~ Sudden

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 7th 1875 Martin Brewer M. D.
Medical Attendant.

Undertaker, John Braun

Place of Business, Wolf St *Address* 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 3187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Hackel

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 2 *Months,* *Days.*

Color, ed *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Launchys

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Isle of White Virginia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} N Spring st 70

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, June 8th 1875

Date of Burial, Laurel Cemetary

E. G. Baldwin M. D.
Medical Attendant.

Undertaker, James H Davis

Place of Business, No 12 Saratoga St *Address* 124 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 3085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Lee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 Woodyear alley

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A. Steuart M. D.

Date of Burial, June 8th 1875

Undertaker, W. Jas Gray

Place of Business, 65 Malbert pt. *Address* Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Wm James Gray Undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
1875

Permit No. 3086,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. 5 years

Place of Death, {Give street and number.} 10 Bunce Street

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8th 1875

James H. Stewart M. D.
~~Medical Attendant~~

Undertaker, Wm N. Bunce

Place of Business, East Street

Address Commis of Health
& Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by her — Son Dr. Dentist
Thos H. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No 3087.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alfred Linhart

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* 4 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 220 S. Sharp St. (Baltyard)

Cause of Death, First (Primary,) Enteric fever

Second (Immediate,) Enteritis malignia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, June 8th 1875

Dr Albers *M. D.*
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, Hanover St *Address* 93 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 3188

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mentzing

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number.} 24 N. Central ave

Cause of Death, First (Primary,)

Second (Immediate,) Heart Disease

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, June 6 1875

Undertaker, C. H. Rossiter

Place of Business, 136 E. Fayette

John Kelly M. D.

Medical Attendant.

Coroner

Address 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 8 1875

Permit No. 3089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Henry Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, 23 Days.

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltm. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 383 E. Fayette st.

Cause of Death, {First (Primary,) Disease of Brain

{Second (Immediate,) Diarrhoea and exhaustion

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Church Cem. Pierre G. Dausch M. D.

Date of Burial, June 8th Tuesday 11 a.m. Medical Attendant.

{*Undertaker,* Cohen Brothers

{*Place of Business,* 77 Hillen st. *Address* 97 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-right hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

Permit No. 3090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 Oclock a.m. June 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Orbs

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (15 years in U.S.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 186 Conway Street.

Cause of Death, First (Primary,)

Second (Immediate,) Sudden. most probably heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 6th

Undertaker, H Bricker

Place of Business, Hanover St 81

W. W. Dinaven M. D.
Coroner Medical Attendant.

Address 98 Dev Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
JUN 8 1875
RECEIVED

Permit No. 3191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie S. Rizer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years* 9 *Months* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 845 Balt. St.

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery J. T. Wilson M. D.

Date of Burial, June 8th 1876

Medical Attendant.

{*Undertaker,* Hughes & Co
{*Place of Business,* Fayette & Republican *Address* 251 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

Permit No. 3092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Mitchell

~~Sex, Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 57 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Manager

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 178 N. Carolina St.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, June 9th 1875

Undertaker, John F. Weaver

Place of Business, 122 N. Fayette St

Wm. H. Glendinen, M. D.
Medical Attendant.

Address No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

Permit No. 3093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fridrich Oberheim

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* 1 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Burgundy & No 141

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Spasm

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 2/75

C. L. Buddenbohn M. D.
Medical Attendant.

Undertaker, Conn Tuttle

Place of Business, 491 W. Balto. St.

Address 11106 Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

Permit No. 3094

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 9 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Christian Schmeck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 54 N. Schroder

Cause of Death, First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,)

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery L. C. Horn M. D.

Date of Burial, June 9th Medical Attendant.

Undertaker, Geo. Bauer

Place of Business, 526. Baltimore St. *Address* 226 Mulberry st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of This

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 8 1875

Permit No. 3095 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, w

Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 116 Price St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9. 1875

Undertaker, S. W. Chase

Place of Business, 19 & 21 Howard St *Address*

John Neff *M. D.*
Medical Attendant.

558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

Permit No. 3096.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Trego Hughes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, one *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 392 Lexington St

Cause of Death, First (Primary,) Cerebro Spinal Meningitis & pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three months, We attended it 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Ball-Cemetery

Date of Burial, June 10th

Elias L Price M. D.
Medical Attendant.

Undertaker, Armstrong & Long *Address* 110 N Eutaw St

Place of Business, 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers of Cemeteries ... to the Office w...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada R. Norman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 239 N. Eden

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 9th/75

Abram B. Arnold M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Address 1 W. cor. of Fayette & Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on bac

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward C Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Iron Roller

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} 1027 Courtland St.

Cause of Death, First (Primary,) Epileptic Fits

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, 9th June 1875

Thomas J Mears *M. D.*
Medical Attendant.

Undertaker, Henry N Jenkins Son

Place of Business, 16 Light St — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 8 1875

Permit No. 3099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isic Johnson

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Black. *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} Dallas St 118

Cause of Death, First (Primary,) Pleuro Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8th 1875

John H. Schultz M. D.
Medical Attendant.

Undertaker, Wm N. Dunne

Place of Business, Ice 104 East St

Address N E Co Gough & Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 8 1875

Permit No. 3100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Kaiser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* 3 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 20 yrs

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} No. 9. N. Chapel St.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Int General Dropsy

Duration of Last Sickness, 5 mos. 18 days

All the above information should be furnished by the Physician.

Place of Burial, N. Athenaeus County

Date of Burial, June 9th 1875

J. W. Smith M. D.
Medical Attendant.

Undertaker, H. H. Glenn & Co.

Place of Business, 34 Eastern Ave.

Address 108 E. Shark St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3101,

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5 mo 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William L. Dashiell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7. *Years,* 7. *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 30 Cross

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.) General Dropsy

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 10 1875 Rutland Dr &c M. D.

Medical Attendant.

Undertaker, C F Krause

Place of Business, 209 Hanover Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

Permit No. 3102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelius Lanahan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2n. Bird St,

Cause of Death, {First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 9th 1875 Thos Bodkin M. D.

Medical Attendant.

Undertaker, James P. Byrne

Place of Business, Van St. First St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th June 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Levi Taylor

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Marble Cutter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 115 Holland St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
{ Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 12 June 1875

Undertaker, McCoull Bros

Place of Business, Saratoga St

H. M. Webster M. D.
Medical Attendant.

Address 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3104

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Louis Funk

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 11 Mos. Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and number. } 504 Eastern Av.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carm. Cemetery

Date of Burial, June 10th 1875

Undertaker, Mathias A. Dwyer

Place of Business, 714 S. Broadway

G. L. McKee M. D.
Medical Attendant.

Address 602 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of thi

Board of Health, City of Baltimore,

Permit No. 3105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Smith (Sorrell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 14 Days.

Color, Mulatto *Sex,*

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington or Balto

Duration of Residence in the City of Baltimore, 14 days -

Place of Death, {Give street and number.} Franklin St

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, June 9th 1875.

A Poynter M. D.
Medical Attendant.

{ *Undertaker,* W. H. Eichman

{ *Place of Business,* 234 N. Gay St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Clymson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, Col'd *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 76 years

Place of Death, {Give street and number.} 8 Bethel Court

Cause of Death, First (Primary,) Old age

Second (Immediate,) Asthma

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9th 1875

Undertaker, John C Gordon

Place of Business, 63 Park St

James A Steuart M. D.

~~Medical Attendant~~

Address Commis of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by ~~Frances~~ Margaret adopted daughter

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jun 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian L. Schroeder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hessen

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 664 Penn Ave.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 9 of June

Undertaker, C. Weigand

Place of Business, 53 Third Hill *Address*

Jos. M. P. Poretti M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3108,

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Bauler.

Sex, ~~Male,~~ or *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia.

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and number.} 123 Jackson Square Av.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Haemoptysis.

Duration of Last Sickness, Eleven weeks.

All the above information should be furnished by the Physician.

Place of Burial, H. Aspinwall

Date of Burial, June 10th.

Undertaker, H. Dipfel

Place of Business, 5 Bond St.

G. Glanville Rusk, M. D.
Medical Attendant.

Address Balt. & Washington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary ~~Gilliard~~ Gilliard

~~Sex, Male or~~ *Female,* { Cross out the word not required in this line. } infant female

Age, ~~Years,~~ one *Months,* ~~Days.~~

Color, *Sex,* Colard

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City No 31 ~~Hillyard~~

Duration of Residence in the City of Baltimore, all Her life

Place of Death, { Give street and number. } No 3 Bill Alley

Cause of Death, { First (Primary,) Dysentary Second (Immediate,) Comes from milk

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laureal Cemetary

Date of Burial, June 9

{ *Undertaker,* William Lunga
{ *Place of Business,* East St

H H Crook M. D.
Medical Attendant.

Address No 99 north St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

Permit No. 3110

OFFICE OF REGISTRAR OF VITAL STATISTICS.

REGISTRAR'S DEPARTMENT JUN ... BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. H. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty One *Years,* Four *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married,

Occupation, Caulker,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 289 Eastern avenue,

Cause of Death, First (Primary,) Pyothorax,

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above Information should be furnished by the Physician.

Place of Burial, Ball.o Cimtary

Date of Burial, June 10th "

Undertaker, Frans Cramer

Place of Business, 219 Canton ave *Address* 219 " "

Fielder L. Dallam M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

Permit No. 3111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. JUN 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Knackstadt

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 10 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 Frederick Ave

Cause of Death, {First (Primary,) Typhoid Fever; Second (Immediate,) Pneumonia

Duration of Last Sickness, Said to have been sick 5 or 6 weeks under medical attendance 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 11th 75

Geo. H. Dorl M. D.
Medical Attendant.

{*Undertaker,* John C. Pauline
{*Place of Business,* 60 Frederick Ave *Address* 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 10 BALTIMORE

Permit No. 3112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Birkhead

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* Two (2) *Months.* Four (4) *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East 221 4 4

Cause of Death, { First (Primary,) Gastritis
{ Second (Immediate,) Artificial feeding

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bell County

Date of Burial, June 9th

Undertaker, Wm Fry

Place of Business, 54 & Broadway

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3113,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cy

Date of Burial, June 10th 1895

Undertaker, John S Mackey

Place of Business, NE 150 Camden St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificat

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R. Bochm

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 126 S. Ducas Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 126 S. Ducas St.

Cause of Death, First (Primary,) Acute Meningitis

Second (Immediate,)

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 10th

Undertaker, John W. Lucks

Place of Business, ———

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Maria Reed Colored

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Sewing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredericksburg Va

Duration of Residence in the City of Baltimore, Sixteen years.

Place of Death, {Give street and number.} 133 North Dallas

Cause of Death, First (Primary,) Typhoid Typhus. Fever

Second (Immediate,) Paralysis of Whole of Body

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10. 1875

Edwin W. Gordon M. D.
Medical Attendant.

Undertaker, J. W. Chase

Place of Business, 198 S. Howard St Address 186 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Henry Lauthier Sullivan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 — *Years,* 6 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 2 yrs 6 months & 2 days

Place of Death, { Give street and number. } 166 Wolfe st

Cause of Death, { First (Primary,) Scarlatina
Second (Immediate,) Asthenia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 11th 1875

J. E. Gibbons M. D.
Medical Attendant.

{ *Undertaker,* J. S. Wakefield
{ *Place of Business,* 150 Lexington St. *Address* 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
JUN 10
1891

Permit No. 3171.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Casper Heuzenroder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 S Regulet

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, 2 days,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Abram M Arndt M. D.

Date of Burial, Friday June 11th 9 a.m. Medical Attendant.

{*Undertaker,* John Braun *Address* D. H. & L St.

{*Place of Business,* 99 S. West St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3118.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Kemp

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2. *Years,* 11. *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 720 Light

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis

Duration of Last Sickness, 12. Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 11th 1873

Theodore Ord M. D.
Medical Attendant.

Undertaker, Chas. F. Herold

Place of Business, 161 Hanover St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3119,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore June 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James E. Bantz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* Eleven *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Eleven days

Place of Death, {Give street and number.} No 30 Ohio av.

Cause of Death, First (Primary,) Spinal irritation

Second (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Sharps St. Cemetery

Date of Burial, June 10 1875

Undertaker, Adam Warfield Sext

Place of Business, Sharp St. Cemetery

J. D. Iyer M. D.
Medical Attendant.

Address No 30 Ohio av
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence - Foundling

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years,~~ Supposed ~~Months,~~ 7 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the ~~City of Baltimore~~ Institution 3 days

Place of Death, { Give street and number. } St. Vincents' Infant Asylum

Cause of Death, { First (Primary,) under influence of opium when admitted

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 10. 1875

{ *Undertaker,* Jas L. Chalmers

{ *Place of Business,* Penn Ave

Wathen Brewer M. D.
Medical Attendant.

Address 201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3121.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lachleitner.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 58 *Years,* 9 Mon *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frankfort Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 206 Regester st

Cause of Death, {First (Primary,) Cirrhosis of liver

{Second (Immediate,)

Duration of Last Sickness, Five months —

All the above information should be furnished by the Physician.

Place of Burial, ~~Land of~~ St Mathews Cemetery

Date of Burial, June 11th 1875

{*Undertaker,* E. M. Claus

{*Place of Business,* No 161 S. Bethel st

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margt Walsh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 Months 4 Years *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 180 Ramsey St.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 180 Ramsey St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above Information should be furnished by the Physician.

Place of Burial, St. Patrick

Date of Burial, June 17

Undertaker, J B Cook

Place of Business, 707 W Pratt Baltimore *Address*

John Walsh M. D.
Medical Attendant.

558 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

Permit No. 3123

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a inst illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* nfter the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. E. Battee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, Thirty six hours

Place of Death, {Give street and number.} City Dock

Cause of Death, First (Primary,)

Second (Immediate,) Accidentally drowned

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Talbot County

Date of Burial, June 12th

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 76 S. Exeter St.

Thos. Kelly M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 118—

From information at inquest

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 10 1875 RECEIVED

Permit No. 3124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th. 1875. before midnight.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl ~~Metzger~~ Maier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, 20 Days.

Color, White *Sex,*

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life-time

Place of Death, {Give street and number.} Lovestreet Nro 36 9

Cause of Death, First (Primary,) Gastro enteritis

Second (Immediate,) Diarrhoëa

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery William Hinkel M. D.

Date of Burial, June 11th 1875 Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 219 Hanover st *Address* S. Wolfestreet 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 11 1875

Permit No. 3125.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th /75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Barl

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 9 weeks *Years,* [redacted] *Months,* [redacted] *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 149 Alice Anna St.

Cause of Death, { First (Primary,) Catarrhal Fever

{ Second (Immediate.)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, 11th of June

Undertaker, [illegible]

Place of Business, No 219 Canton Avenue

C. Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

Permit No. 312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} James F. Seal.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 11 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Locust Point Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Locust Point

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 11th

J. Wm Walls M. D.
Medical Attendant.

Undertaker, M. A. Dugger *Address* No 18 So Eutaw St.

Place of Business, 74 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE MD.

Permit No. 3127

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875. 9 o'clock A Morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Griffahn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Bond Street 2ll.

Cause of Death, { First (Primary,) Stomatitis aphthosa
Second (Immediate,) } 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, East Balt. Cemetery William Hensel M. D.

Date of Burial, June 11th Medical Attendant.

Undertaker, Geo Heck

Place of Business, 112 S. Eutaw Address S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3128,

HEALTH DEPARTMENT JUN 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Fernstin

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ~~*Years,*~~ 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 58 Castle St, S

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 58 Castle St,

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Friday June 11th at 2 PM

{*Undertaker,* John Brann

{*Place of Business,* 770 Hoffold

R. W. Mansfield *M. D.*
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

Permit No. 3129.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Franklin Leitch

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* Eight *Months,* five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Eight Months, five days.

Place of Death, { Give street and number. } 322 N. Caroline St

Cause of Death, { First (Primary,) Bronchial Catarrh / Second (Immediate,) Pneumonia

Duration of Last Sickness, about Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, June 11th 1875

Undertaker, Wm. H. Hickman

Place of Business, No 234 E. Jay to *Address* 71 Franklin St Baltimore

H. H. Hamond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

Permit No. 3130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Not Named

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 Minutes ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} #80 Orchard St

Duration of Residence in the City of Baltimore, 15 Minutes

Place of Death, {Give street and number.} #80 Orchard St

Cause of Death, First (Primary,) Premature Twin birth at

Second (Immediate,) 6 months — Not viable

Duration of Last Sickness, Not Sick

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11 1875

Undertaker, S M Chase

Place of Business, 19 & 21 Howard St *Address* 23 McCulloh St

E Winslow M. D.
Medical Attendant.

Reeds

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 11 1875

Permit No. 3131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1875 Name Father

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} not named S L Steward

Sex, Male or Female, {Cross out the word not required in this line.} Male Mother Nancy Steward

Age, about 15 Minutes Years. Months. Days.

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} #80 Orchard St Balto

Duration of Residence in the City of Baltimore, 15 Minutes

Place of Death, {Give street and number.} #80 Orchard St Balto

Cause of Death, First (Primary,) Premature birth at 6 months,

Second (Immediate,) not old enough to live

Duration of Last Sickness, Not sick at all

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11th 75

Undertaker, S McShane

Place of Business, Gay & Howard Sts

C Mitchell M. D.
Medical Attendant.

Address 23 McCulloh St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3132

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT
JUN 11 1925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1925

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Russell Banks

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 7 *Months,* *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cecil Co Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and number. } No 3 King's Ct

Cause of Death, { First (Primary,) Hemorrhage from bowels

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12 1925

{ *Undertaker,* S H Chase

{ *Place of Business,* No 198 Howard St

Thos F Lewis M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3133

HEALTH DEPARTMENT
JUN 11 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary F. Albrecht

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 month ~~Years~~, 2 weeks *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 2 1/2 Month

Place of Death, {Give street and number.} 327 Mulberry St.

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,) Peritonitis

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, H. Alphonsus Comet Louis Chs Horn M. D.

Date of Burial, the 11th of June Medical Attendant.

Undertaker, P. Kimmel.

Place of Business, 11 Mulberry St. Address 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 or 12 Years

Place of Death, {Give street and number.} 15 Warren Ct

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 8 Month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 13th 1875

Undertaker, Martin & Denny

Place of Business, 203 Light St

Geo. H. Denson M. D.
Medical Attendant.

Address 144 Hanover cor Balto Cle Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Delia Devery

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 17 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 118 Leadenhall Street

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Asthenia

Duration of Last Sickness, all her life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross — James A Stewart M. D.

Date of Burial, June 11th 1875 — (Physician or Undertaker.)

Undertaker, C. F. Krause — *Address* Commis of Health

Place of Business, 209 Hanover St — & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Father Edgar Devery

[OVER.

Keepers of Cemeteries ... [illegible] ... ceased Saturday of each week.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edgar. O Davis Mary. E. Davis

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age. *Years.* *Months.* 3 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 34. E. Fayette St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 E. Fayette St

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 11th 95

O S Mahon *M. D.*

Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, 1 W. cor Fayette & Monument St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3137.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Davy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years.* *Months.* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England 3 months

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} Nineveh Protestant Infirmary

Cause of Death, First (Primary,) Child Birth

Second (Immediate.) Typhoid Fever

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, London Park Christ Samuels M. D.

Date of Burial, 11th June Medical Attendant.

Undertaker, Andrew Leitz

Place of Business, 118 Dr. & Aux. *Address* 93 Nineveh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875

Permit No. 3138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Stewart.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Eight one *Years,* — *Months,* 25 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Spinster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 307 South Penn St

Cause of Death, First (Primary,) Int- Fever

Second (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Saturday June 12. 1875

Wm Worrall, M. D.
Medical Attendant.

Undertaker, Julius Kelcher

Place of Business, Sharp & Cross Sts *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

Permit No. 3139.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Foundling

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~Years,~~ about ~~Months,~~ 2 weeks ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the ~~City of Baltimore~~, Institution 5 days

Place of Death, { Give street and number. } St Vincents Infant Asylum

Cause of Death, First (Primary,) Jaundice. Marasmus

Second (Immediate,) Convulsions

Duration of Last Sickness, Sick When received.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 12. 1875

Undertaker, Jas. I. Chalmers

Place of Business, 262 Penn^a Ave

Mahony Brewer M. D.

Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

Permit No. 3140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William R Coulson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Consumption

Duration of Last Sickness, Six years

All the above information should be furnished by the Physician.

Place of Burial, Westan Cemetery

Date of Burial, June 11, 1875

Chas Fawcett M. D.
Medical Attendant.

Undertaker, J. B. Blackistone

Place of Business, West Balt St 606 Address 93 West 4t

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is carefully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3141

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th, 1875. 8.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Clara McElroy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 4 months.

Place of Death, {Give street and number.} Jackson Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery

Date of Burial, June 11th 1875

Geo. H. Zueckert, M. D.
Medical Attendant.

Undertaker, J. B. Blackistonson *Address* 128 Park Ave.

Place of Business, 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13112

HEALTH DEPARTMENT JUN 15 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Lee

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give street and number.} Home 5th Front Fls

Cause of Death, First (Primary,) Artificial feeding

Second (Immediate,) Malnutrition

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemt Jno G Harrison M. D.

Date of Burial, June 12th 1875 Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Avenue *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 13 1895 BALTIMORE

Permit No. 3143.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

3143 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Dalrymple

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 19 *Years.* *Months.* *Days.*

Color, White ~~*Sex.*~~

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Nurse

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 112 Hill St

Cause of Death, { First (Primary,) Paralysis of Heart
Second (Immediate,) }

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Geo. H. Benson M. D.

Date of Burial, June 13 1895 Medical Attendant.

Undertaker, Chas J Meade

Place of Business, 161 Hanover Address 164 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 12 1875

Permit No. 31454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franziska Seiffert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, sixteen years

Place of Death, {Give street and number.} Lombard corner Bethel St.

Cause of Death, First (Primary,) Erysipelas on the face,

Second (Immediate,) Hydrophobia

Duration of Last Sickness, four years & months

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, Jan 12th 75

Undertaker, C. Rossnig

Place of Business, 136 Lafayette

C. Buel M. D.
Medical Attendant.

Address 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ____

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes J. McPherson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 70 S. Caroline

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) (Fed by hand & Teeth irritated)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 13th

Abram P. Arnold M. D.
Medical Attendant.

{ *Undertaker,* Haughes & Co
{ *Place of Business,* 65 S Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 12 1875

Permit No. 3146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Penny

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 1 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} 139 Aisquith St

Cause of Death, First (Primary,) .....

Second (Immediate,) Scarlatina

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 12th 1875

Undertaker, Jos. S. Mowlen

Place of Business, 1650 Lancaster *Address*

Dr. .....

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

Permit No. 3147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Henry Shallus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 Years, 10 Months, 3 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 years 10 mos 5 days

Place of Death, {Give street and number.} E. John, corr Green & Aisquith Sts

Cause of Death, First (Primary,) Gastric Fever. Bilious or Malarial Fever Complication

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 13-75

Dr Geo A Mayer M. D.
Medical Attendant.

Undertaker, John J Redmayne

Place of Business, 102 E Monument *Address* 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE

Permit No. 3148,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~when properly filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Miles

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ~~3yrs~~ *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chillicothe Ohio

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 476 Saratoga St

Cause of Death, {First (Primary,) Second (Immediate.)} Scarlet Fever

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. J. G. Wiltshire M. D.

Date of Burial, June 12th By Thomas Ohr M.D.

Medical Attendant.

{*Undertaker,* J. B. Blackistan & Son

Place of Business, 606 W. Bal. St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3149.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1875 (Allison)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan C. Allison

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 7 *Months,* 11 *Days.*

Color, White. *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 41 Brooks st.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13/75

Undertaker, Wm H Hickman

Place of Business, No 234 W Fay

Address Baltimore, Md

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

Permit No. 3150,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie P. Taylor

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Sixty Nine *Years,* five *Months,* Thirteen *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} James City Co, Va.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 83 N. Eutaw St

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 13 1875

Undertaker, McGoull Bros

Place of Business, Saratoga St

J. Gilman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Sunset (120)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th. June 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara A. Ewing Johann Almeringer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} corn. Bank Street and Medeira Alley

Cause of Death, First (Primary,) Hydrocephalus chronicus

Second (Immediate,) Convulsiones

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sunday. June 13th 2 P.M.

Undertaker, Peter Braun

Place of Business, 79 S. Frost St. *Address* S. Wolfe & 117.

William Henkel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3152

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cavassa Davidi

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years.* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Balt. Infirmary Lombard & Greto

Cause of Death, First (Primary,) ; Second (Immediate,) Brights Dis.

Duration of Last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, W. Potters Field T. A Ashby M. D.

Date of Burial, June 12 1875 Medical Attendant.

Undertaker, M. H. O. Penn *Address* Univ. Hospital

Place of Business, 448 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3153,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Schmidt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 9 *Months;* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} No 1 Baker Ct

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) 24 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Geo L. Rice M. D.

Medical Attendant.

Date of Burial, the 12th of June

Undertaker, Peter Kümmel

Place of Business, 311 Bulltimore St. *Address* 119 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

Permit No. 3152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Sy. Martell.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, — Two — *Years,* — Six — *Months,* — — *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, — Two Years —

Place of Death, {Give street and number.} No 191 Register st

Cause of Death, First (Primary,) Pseudo Membranous Croup

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetry

Date of Burial, June 13th 1875

Undertaker, John Schuck —

Place of Business, 265 Hanover st

Thomas P. Evans, M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

Permit No. 3155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Grason

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 ? *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 58 St Paul St

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Congestion of brain Probably

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Kent Co.

Date of Burial, June 13th 1875

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light st.

Edmund R Walker M. D.

~~Medical Attendant~~ Coroner M. C. D.

Address 180 Linden ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transit

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charlotte Ann Johnson.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 57 Little Monument St.

Cause of Death, {First (Primary,) Pneumonitis with Heart disease.
Second (Immediate,) Asthenia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13 / 8 / 75

Undertaker, John G Gordon

Place of Business, 63 Park Av

Jno E. Morley M. D.
Medical Attendant.

Address 169 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VIT... STATISTI...

...LTIMORE...

Permit No. 3157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death ..., or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Keeler

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, *Years,* 25 *Months,* *Days.*

Color, Black, *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 30 N. Dallas St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 30 N. Dallas St.

Cause of Death, { First (Primary,) ... Second (Immediate,) Heart Disease

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12 1894

L. L. Gaul M. D.
Medical Attendant.

Undertaker, H H Chase & Co

Place of Business, No 198 N Howard St *Address* 139 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3158

HEALTH DEPARTMENT JUN 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12: 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Josephine Hudgins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* One *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 123 N. Bethel St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above Information should be furnished by the Physician.

Place of Burial, New Mt B. Ground Wm N. Claudinen, M. D.

Date of Burial, June 13 1875 Medical Attendant.

Undertaker, Wm Fry

Place of Business, 94 E. Baltimore. *Address* No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3159.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Rudolph

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 5 *Months,* 7 *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Bevan str

Cause of Death, { First (Primary,) Cholera inf.
Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 14 June

Undertaker, Hy Bride

Place of Business, 81 Henrietta St Address 87 W Fayette

Attendant. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 June 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joh. George Hillmeyer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 3 *Months,* 10 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 14 S. Spright.

Cause of Death, { First (Primary,) } Erysipelas
{ Second (Immediate,) } 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cem.

Date of Burial, June 12 1875

O. Hoffmann *M. D.*
Medical Attendant.

Undertaker, Henry Mech

Place of Business, 32 Eutaw St. *Address* 57 Augusta.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

Permit No. 3161.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Helena Boltzgreine

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 4 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, baby

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 months 4 days

Place of Death, {Give street and number.} 55 President St

Cause of Death, First (Primary,) ...

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's Cemetery

Date of Burial, June 13th

Undertaker, H. Sanders

Place of Business, 252 Canton Av.

Wm Morris M. D.

Medical Attendant.

Address 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

Permit No. 5102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1875

Date of Death, ~~Elizab~~ June 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Boettler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* — *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 89½ E Lemmon

Cause of Death, First (Primary,) Cancer of the Stomach & Liver.

Second (Immediate,)

Duration of Last Sickness, nearly two years

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cem

Date of Burial, June 14th

Abram M Arnold M.D.
Medical Attendant.

Undertaker, Friedrich Goede

Place of Business, Nr 4 Edm St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 3163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Harrison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 169 Lowndes

Cause of Death, First (Primary,) Phthisis

Second (Immediate.) Diarrhoea

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, June 14th

Undertaker, F. H. Troll

Place of Business, 90 S. Howard.

L. Durand M. D.

Medical Attendant.

Address 16 – Hanover.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David G Laws,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, nearly all his life

Place of Death, {Give street and number.} 223 Cary St

Cause of Death, First (Primary,) Congestion of Brain.
Second (Immediate,)

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 14th 1875

Undertaker, Jno H. Weaver

Place of Business, Fayette St

Geo C Ogle M. D.
Medical Attendant.

Address 229 Cary st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Gilluly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years.* 5 *Months.* — *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 514. N. Ball.

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, N Peters Cemetery

Date of Burial, June 13th

Edwd. F. Mellwee and M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 101 N. Baltimore St.

Address 279. W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 3166

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Stanley

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, One *Years,* Six *Months,* 3 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore. All his Lifetime

Place of Death, {Give street and number.} 132 N Spring St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13th 1875

Undertaker, William A. Dunger

Place of Business, 110 114 East St.

D Webster Cathell M. D.

Medical Attendant.

Address 112 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3167.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Timms

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer Anne Arundel County

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Anne Arundel County

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 41 Hanlis st

Cause of Death, First (Primary,) Tubercular

Second (Immediate,) Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13th 1875

Undertaker, William A. Dunger

Place of Business, No 104 East St

per Wm. L. Powell M. D.
Medical Attendant.

Address 1 Broadway and Madison Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Eastern (Mortimer Ella.)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 55 Forrest st

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Saint Mary

Date of Burial, June 13th

Undertaker, Wm. A. Duncan

Place of Business, 104 East st.

Samuel Hunt M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 1 *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dreieichenhain, Hesse Darmstadt, 12 yrs.

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and number.} 154. S. Madeira Alley.

Cause of Death, First (Primary,) Comp. Com. fracture Tibia & Fibula

Second (Immediate,) Gangrene

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, June 13th

A. A. Clarke M. D.
Medical Attendant.

{*Undertaker,* Geo Brockbank
Place of Business, 339 Eastern Av

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm James

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, White Black *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. E. Cor Cole St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Market Bg

Date of Burial, June 13. 1875

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, Wm Gray

Place of Business, Holliday St

Address Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 12 1875 REGISTERED

Permit No. 3171.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday June 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Ann Maria Spencer

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 45 *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} Church Home & Infy — N. Broadway

Cause of Death, First (Primary,) Cerebral Hemorrhage

Second (Immediate,) ——

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Burial Ground

Date of Burial, June 14th 1875

T. D. Garvin M. D.
Medical Attendant.

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St *Address* Church Home & Infy N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 14 BALTIMORE

Permit No. 3172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty One *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, Twenty eight years

Place of Death, {Give street and number.} University of Md Hospital

Cause of Death, First (Primary,) Coxalgia

Second (Immediate,)

Duration of Last Sickness, Five Years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 14th 1875

L L Ashby. Md M. D.
Per Claus
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 446 Druid Hill Ave Address Balt Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT

Permit No. 3173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maurice Fennell

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 76 *Years,* 5 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 150 Bank St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 15th 1875

Undertaker, John Hoehn

Place of Business, 60 150 Camden

A. M. Kenney *M. D.*
Medical Attendant.

Address 76 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
JUN
1875

Permit No. 3174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Jamison

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 15 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, twenty One years ?

Place of Death, {Give street and number.} 4 E. Calvert St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Dr Ewbank

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 15th

Richd. H. Sherry M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, Eight St

Address 189 W Hamilton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

Permit No. 3175,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emil J Herring

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, Days.

Color, Dark *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 6 Peach alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 14 June

C M. Hall M. D.
Medical Attendant.

Undertaker, Jas F Davis

Place of Business, No 12 Saratoga St *Address* 266 S. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1875

Permit No. 3176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leon Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all it life

Place of Death, {Give street and number.} 42. Myrtle Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Loudon Park

Date of Burial, June 14th 1875 M. D.

Medical Attendant.

Undertaker, John Mackin

Place of Business, No 150 Camden St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 12 1875

Permit No. 3177.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles S. Somers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 ¼ *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sea Captain

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 29 S. Ann St.

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,)

Duration of Last Sickness, about 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery E. P. Sons M. D.

Medical Attendant.

Date of Burial, June 14/75

Undertaker, Hughes & Co

Place of Business, 45 S. Broadway *Address* 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875

Permit No. 3178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Read

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 4 13 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 346 East Baltimore St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 15th 1875

I. I. Cockrill M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 14 1895

Permit No. 3179.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura V. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Clifton St

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon County Edwd. F. Mulholland M. D.

Date of Burial, June 15 Medical Attendant.

Undertaker, J B Cook

Place of Business, 70 & 104 Baltimore *Address* 279 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sydnie Fairchild

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 Years. Months, Days.

Color, Sex,

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Virginia

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give street and number.} 338 West Chase Baltimore

Cause of Death, First (Primary,) Convulsions of Mucous Membrane

Second (Immediate.) Acute Prostration

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 14th 1875

Undertaker, Henry H. Mears

Place of Business, 64 N Gay St

Geo H Keyser M. D.
Medical Attendant.

Address 15 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 13 HEALTH DEPARTMENT BALTIMORE

Permit No. 3181.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Mary Britsch (Parents)

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 18 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Happy Alley near Pratt St

Cause of Death, { First (Primary,) / Second (Immediate,) Spasms

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St alphonsus

Date of Burial, June 14th 1875

James A Kenny M. D.

~~Med. Examiner~~

{ *Undertaker,* John Braun / *Place of Business,* 77 Holf St

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker —

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Robert Reeds

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cooper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 10 months

Place of Death, { Give street and number. } No 5 Holland St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) }

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Loudenschlager Balto Co

Date of Burial, June 14 2 Oclock

Undertaker, Geo. C. Rodenmyer

Place of Business, 134 Conn. Ave

Carlo Powell M. D.
Medical Attendant.

Address 1029 Aisquith St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 13 1875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3183,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Myers

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 22 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant waiter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 24 Chestnut alley near Pratt st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14th 1875

Undertaker, John C Gordon

Place of Business, 63 Park Ave

G Lane Tanyhill M. D.
Medical Attendant.

Address 127 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. A 31841

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1875 -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha Cornelia Pugh

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 54. *Years,* 8. *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bedford Co Virginia

Duration of Residence in the City of Baltimore, 10 Months -

Place of Death, { Give street and number. } 57. W Lexington St -

Cause of Death, { First (Primary,) Unknown. Supposed to be Second (Immediate.) Heart Disease of long standing -

This Patients was not seen by one entitled just after death -

Duration of Last Sickness, 6 hours -

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va

Date of Burial, June 15th 1875

Undertaker, Jos. Loane

Place of Business, 568 W Balto St

Geo I L Taylor M. D.
Medical Attendant.

Address 117 Waverley Terrace Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 124

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3185,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Webster

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 5 5/8 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 170 Linden av

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Uraemic (Uraemia) Coma

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 14th 1875

Undertaker, Jacob Weaver

Place of Business, No 486 Dand Hill Avenue

George D Reaty M. D.
Medical Attendant.

Address 226 Hoffman St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Cassidy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Unknown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Gardener

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 161 W. Lombard Street

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, Four Hours

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Field

Date of Burial, June 1st 1875

{*Undertaker,* Wm Donovan

Place of Business, 6 Bank St.

D. A. Gisler, *M. D.*
Medical Attendant.

Address 163 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles + Maggie Sommers (Passed)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* (1½ One & a half hours) *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 16 Wyeth Ct

Cause of Death, First (Primary,) ____

Second (Immediate,) Asphyxia

Duration of Last Sickness, (1) hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, June [redacted]

Undertaker, H. D. Ellerbe

Place of Business, 150 Camden St *Address* 106 Columbia Ave

C. L. Buddenbohn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hattie C. Strain

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* *Months,* Four *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 45 Granby St.

Cause of Death, { First (Primary,) Cyanosis

{ Second (Immediate,)

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 14th 1875

C. Edward Miller M. D.
Medical Attendant.

Undertaker, Thos F Hughes

Place of Business, 10 E Balto *Address* 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elenora Falken

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} No 15 Wesche st

Cause of Death, First (Primary,) Dropsy of Heart

Second (Immediate,)

Duration of Last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, Luthern in Druidhill Park

Date of Burial, June 15th 1876

Geo C Ogle Coroner M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St. *Address* 229 Cary st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward L. Linsley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil Co Md.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 97 Scott St.

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J. V. Spicer M. D.

Medical Attendant.

Date of Burial, June 15th 3 O'Clock

{*Undertaker,* J. B. Blackistone *Address* 379 W. Lombard St.

{*Place of Business,* 606 Batt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, It shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 15 BALTIMORE

Permit No. 3191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant but named, give names of parents.} Infant Male & Augustus Heckel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 6 Hours *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balt Division Bet Baker & Freeman at Agent Dis

Cause of Death, { First (Primary,) ____ Second (Immediate,) ____

Duration of Last Sickness, 6 Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 14th 1875

H J Houck M. D.
Medical Attendant.

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Ave *Address* 578 Penn Ave Balt Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. .....

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Albert Keith

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} C

Age, / *Years,* ..... *Months,* ..... *Days.*

Color, ... *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, C

Place of Death, {Give street and number.} 248 S. Sharp St.

Cause of Death, First (Primary,) .....

Second (Immediate,) Enteritis

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 15th 1875

Undertaker, John Mackey

Place of Business, No 15 Camden *Address* 158 S. Sharp St

R. J. H. Tate, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3193,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mitchell

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 125 N. Bethel

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 16 mos,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 16th/75

Undertaker, Geo. Schilling

Place of Business, N.W. cor Fayette & Monument St

R.W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3194

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th of June 4.30 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Dietrich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 3 *Months,* 14 *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Collector

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mainz Hesse Darmstadt (Germany)

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number.} 41 Wash'n Pl (Walsh St)

Cause of Death, First (Primary,) Typhus

Second (Immediate,) Paralysis of the heart

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 16th

M. D.

~~Medical Attendant~~

Undertaker, Eugene Kerschel

Place of Business, No. 60 Pennsylvania Ave Address D. A. Hellmuth M.D. 120 Saint St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3195.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Abraham E Feisthum

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, *Years,* 2 0 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, { Give street and number. } 82 S. Wolfe St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Fellspoint Hebrew Burying ground

Date of Burial, June 16th

Undertaker, Moses Langgood

Place of Business, 87 Gough st

James D. Blane M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1875

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sinah Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Fifty-two *Years,* Seven *Months,* ——— *Days.*

Color, Dark *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md —

Duration of Residence in the City of Baltimore, About four years

Place of Death, {Give street and number.} Durkins Alley —

Cause of Death, {First (Primary,) / Second (Immediate,)} Disease of Brain — Fine days — —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lone 15th 1875

Date of Burial, Lone Lonely

Undertaker, Wm S Gray

Place of Business, 65 market st

P. G. Rieu M. D.
Medical Attendant.

Address 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ____

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when duly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wm Beck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Nine *Months,* ____ *Days.*

Color, Col ____ *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U-S-(Louisville

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 74 Chestnut Alley

Cause of Death, {First (Primary,) Unknown

{Second (Immediate.) Ray or two

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th 1875

Undertaker, W. H. Gray

Place of Business, 65 Hadley St Address 192 Pearl St

W W McArthur M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 o'clock P.M. June 13th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Englebrecht

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Watchman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany and 20 in United States

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number. } 244 West Street

Cause of Death, { First (Primary,) / Second (Immediate,) } Heart Disease

Duration of Last Sickness, about 2 years

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, June 15th 1875

M. W. Dorsey M. D.

Coroner ~~Medical Attendant.~~

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts. Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 3177

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H Chrisl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* 3 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 115 Aliceanna

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.) Uraemic Convulsions

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 16

{*Undertaker,* Peter Frey

{*Place of Business,* 91 E. Fayette St. *Address*

Maurice Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate tting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JUN 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12. oClok. a.m. June 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles C. Reinbury

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 2, *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Marid

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Twenty Yiars

Place of Death, {Give street and number.} 99 N. Para.

Cause of Death, First (Primary,)

Second (Immediate,) Chronic Diarrhea. Diarrhea

Duration of Last Sickness, One Yiar

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Conn

Date of Burial, June 16th 1875

John J. Fitzer. M. D.
Medical Attendant.

Undertaker, Chas T Scriver

Place of Business, 271 N. Eutaw st Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3201

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Whilloche

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days.*

Color, *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 9 Race St.

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 16th

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, C. Weichhausen

Place of Business, 345 Light St

Address 15 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3202.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Brennan (Brenan)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, White *Years,* 56 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocery

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 E. Exeter St

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 16

Undertaker, Henry Brien

Place of Business, 8 Aisquith St

Dr. W. H. Thom

Dr. Jos. H. Ellis M. D.

Medical Attendant.

Address N. E. Cor Pacat & 19th Balt Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Simon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 ½ N. Chapel Street

Cause of Death, First (Primary,) Scrofula.
Second (Immediate,) Asthenia

Duration of Last Sickness, 8 days —

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, June 15th 1875

James Hunt M. D.
~~Medical Attendant~~

{*Undertaker,* Isaac Briggs *Address*
{*Place of Business,* 79 S. Wolf St.

Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Father William Simon

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
JUN 15
1915
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1915

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James E. Armstrong

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* *Days.*

Color, Dark *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 21 Winder St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R. M. Hall M. D.

Medical Attendant.

Date of Burial, June 15 1915

Undertaker, S. S. McChase Address 266 S. Sharp St.

Place of Business, 1929 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Meyer.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 10 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 163 Charles St. North

Cause of Death, First (Primary,) Cap. Bronchitis

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetry

Date of Burial, 16th June 1875

Undertaker, H. & W. Deutsch's Son

Place of Business, 16 Light St.

Felix Lemmert M. D.
Medical Attendant.

Address 148 Mulberry St.
Corner Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th June 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Frederick Vonbostel

~~Sex~~, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years.* ——— *Months.* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, { Give street and number. } 77 Baker.

Cause of Death, { First (Primary,) Too early born / Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Fehlgit's Cemetery

Date of Burial, June 16th

J Hathaway M.D.
Medical Attendant.

Undertaker, Michael Tuite *Address* 248 E Baltimore

Place of Business, 17, 55 Bank, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly~~ filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday June 14th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Kate McAuliffe

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 35 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } ——

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } County of Cork Ireland

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, { Give street and number. } No 151 North Front St

Cause of Death, { First (Primary,) Phthisis Pulmonalis / Second (Immediate.) Exhaustion —

Duration of Last Sickness, one year —

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Burying Ground E. D. Mosher M. D.

Date of Burial, June 16th 75 Medical Attendant.

Undertaker, Jno Byrne

Place of Business, No 68 N Front St *Address* 51 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mayfield McGuire

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and number.} 117 N. Eden St

Cause of Death, {First (Primary,) / Second (Immediate,)} Dropsy

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, June 16 1875

J. J. Gross M. D.
Medical Attendant.

{*Undertaker,* James P Byrne
Place of Business, No 63 N Front St *Address* 137 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875

Permit No. 8. 3209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June. 15. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Cole

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3, *Months,* 18, *Days.*

Color, White, *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, 3 Months & 18 Days,

Place of Death, {Give street and number.} 78 Thames st,

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate,)

Duration of Last Sickness, Two days,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 16th, 1875 Jno. J. Sullivan, M. D.
Medical Attendant.

Undertaker, W. A. Yaeger

Place of Business, 78 S. Bondurer Address 116 Thames St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 16 1875 REGISTRATION

Permit No. 3210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Flaherty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Months, 28 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 137 S. Chester St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, June 16th 1875

Undertaker, M. A Xavier

Place of Business, 411 S. Broadway

G. Glanville, Jr. M. D.
Medical Attendant.

Address Balto Washington, Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN BALTIMORE

Permit No. 3211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John McFarland Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 15 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Fairfax Co. Va

Duration of Residence in the City of Baltimore, 15 months

Place of Death, { Give street and number. } 233 E. Pratt St.

Cause of Death, { First (Primary,) Second (Immediate,) } Senile Decay

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oak Hill Cemetery Georgetown D.C.

Date of Burial, June 16th

Undertaker, Haughes and Co

Place of Business, 65 S. Broadway *Address* 69 S. Broadway

A. L. Hilkin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.

Transit (123)

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875

~~Full Name of Deceased~~, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Joseph Klein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* *3 Months,* *30 Days.*

Color, white *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 264 N. Central Av.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cem. J. G. Dausch M. D.

Date of Burial, June 17 1875 Medical Attendant.

Undertaker, Henry Heath *Address* 27 N. Broadway

Place of Business, 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

on of Ph[illegible] respectfully invited to the remarks below, and to List of Diseases on back of this Certifica

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 19 1875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

3213

who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil*
ker or other person superintending the burial, within *twenty-four hours* after the death of said deceased,
so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

June 14 1875

ceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Deitsch

~~male~~, { Cross out the word not required in this line. }

50 Years, Months, Da

White Sex,

~~White or Mulatto~~, { Cross out the words not required in this line. }

Born Germany

r country (and how) he United States, if n birth.

dence in the City of Baltimore,

Give street and number. St Josephs Hospital

First (Primary,) Consumption - (Phthisis Pulmonalis)

Second (Immediate,) Exhaustion -

Sickness,

rmation should be furnished by the Physician.

H A Gonsalves M. D.

June 16 1875 Medical Attendant.

Henry Heath Address

ess, 306 Central Ave Josephs Hospital

rom Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

l it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the du
o attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furni
ours after the death, to the Undertaker or other person or persons superintending the burial, a Certifica
s the same can be ascertained, the full name, sex, age and condition (whether married or single) of the pers
se and date of death, except in cases of births and deaths of illegitimate children.

[OVE

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3214

The Physician who attended any person in a last illness is responsible for the presentation of the certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. E. Potee

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~ Four Months *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 576 W Fayette st

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 16th 1878

Undertaker, Robt Reinecker

Place of Business, 92 Howard St Balt *Address*

Thomas Shaw *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13 / 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Grieser

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 76 *Years,* 3 *Months,* 2 *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Farmer & formerly a Soldier

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number. } 113 Aisquith.

Cause of Death, { First (Primary,) old age

Second (Immediate,) —

Duration of Last Sickness, confined to bed one week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *Adam Grieser* M. D.

Date of Burial, June 16th,

Medical Attendant.

{ *Undertaker,* P. Frey.

{ *Place of Business,* No. 9 Eastern Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ____

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 16 BALTIMORE

Permit No. 3216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Kellermann

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, *Years,* 5 *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 63 Eastern ave

Cause of Death, First (Primary,) Teething

Second (Immediate,) Spasms

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem. Chas Schaub M. D.

Date of Burial, June 16th Medical Attendant.

Undertaker, P Frey. *Address* 86 E Fayette St

Place of Business, 91 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 16 1875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agusta Benny

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 1 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia, Pa.

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} No. 73 Millington.

Cause of Death, {First (Primary,) Malignant Scarlet Fever
{Second (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral B. G.

Date of Burial, June 16th

{*Undertaker,* Mr. W. Fox
{*Place of Business,* Cor of Hyde & Broadway *Address* No. 93 Broadway.

Wm H. Clendiness, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 16 1875

Permit No. 3218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Island

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Lewis's alley

Cause of Death, First (Primary,) Erysipelas for a number of years

Second (Immediate,) Chill.

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th 1875

Undertaker, Wm L. Gray

Place of Business, Mulberry St

James Stewart M. D.

~~*Medical Attendant.*~~

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information Henrietta Purnell (Relative)

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 3219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Guy Howard Cromwell

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, *Years,* Eight *Months,* Eight *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 154 Ramsay St Md

Duration of Residence in the City of Baltimore, Eight Months Fourteen Days

Place of Death, { Give street and number. } 154 Ramsay St

Cause of Death, First (Primary,) Congestive Intermittent

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Leeden Park

Date of Burial, June 16

Saml Intelone *M. D.*

Medical Attendant.

Undertaker, L. B. Cook

Place of Business, 197 W Pratt *Address* 582 W Lombard St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT BALTIMORE JUN 16 1875

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. A. Higgins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~10 Years~~ ~~Months~~ 2 Months, 10 ~~Days.~~

Color, White *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 210 N Wyoming St

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, Woodlawn A. L. Shriver M. D.

Date of Burial, June 16 Medical Attendant.

{*Undertaker,* J B Cook
Place of Business, 707 W. Balto *Address* 579 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875 11 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emma Lettner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 5 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brooklyn

Duration of Residence in the City of Baltimore, One half year

Place of Death, {Give street and number.} 25 Gough St

Cause of Death, First (Primary,) Febris Int. Measles

Second (Immediate,) Rubeola

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Luth Mathai Cemetery

Date of Burial, 16th June 3 Clock

Undertaker, Henry Bain

Place of Business, Mt Street No 252

A Gregg Sherzer M. D.

Medical Attendant.

Address 117 East Baltimore St

or J. R. Andre M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16. —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Rudolph

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* 5 *Months,* 11 *Days.*

Color, *Sex,* W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Bevans str.

Cause of Death, First (Primary,) Cholera int

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 17th

Undertaker, Wm Boeckel

Place of Business, Fennielle st 81 *Address* 137 N Fayette str

D Gilchrist M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN

Permit No. 3223,

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Woodland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 11 Bruce

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Bronchitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Geo. H. Dare M. D.

Date of Burial, June 16th 1875 Medical Attendant.

Undertaker, Jas F. Byrne

Place of Business, Liberty St. *Address* 91 Frederick Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 3224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgie Winehart.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 12 Ramsay St

Cause of Death, First (Primary,) Gastro Intestinal Irritation.

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 16 1875

Undertaker, W. F. Dill

Place of Business, 183 Columbia St.

J Mowry M. D.

Medical Attendant.

Address 76 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875

Permit No. 3225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Brent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) ____

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th 1875

M. D.
Medical Attendant.

Undertaker, ____

Place of Business, ____ *Address* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN BALTIMORE

Permit No. 3226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th of June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Herzog

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 2 *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Birkofsheim (Baden)

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 2395 S. Monmouth. (E. Baltic St)

Cause of Death, First (Primary,) Cholera nostras

Second (Immediate,) Paralysis cordis

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 17. 1875

Undertaker, Chas. Herring

Place of Business, 136 E. Fayette-st *Address* 245 S. Monmouth.

[redacted] M. D.
Medical Examiner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 17

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 10 1875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~A~~ 3229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Earl Leslie Stineman

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 40 Jackson St

Cause of Death, First (Primary,) Convulsion

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bel Air Cemetery

Date of Burial, June 11/75

Undertaker, Ch Rossig

Place of Business, 136 E Fayette

Dr Geo W. Wayson M. D.
Medical Attendant.

Address 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margetta Berry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years.* 1 *Months.* ~~11~~ 5 *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give street and number.} ~~[illegible]~~ No 7 Friendship Alley

Cause of Death, First (Primary,) Gastritis

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th 1875

M. D.
Medical Attendant.

Undertaker, William N. Dugee

Place of Business, No 104 East St *Address* Exeter St near Gay.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3229

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3229.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Reiminger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* ~~Days.~~

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 95 Cross St

Duration of Residence in the City of Baltimore. all time

Place of Death, {Give street and number.} No 95 Cross St

Cause of Death, First (Primary,) Cramick Cupe & Cullflor

Second (Immediate,) Cronic Brunk

Duration of Last Sickness, Sixteen weeks

All the above information should be furnished by the Physician.

Place of Burial, Westmen Cimitary

Date of Burial, June 17 1875

Undertaker, J. Brice

Place of Business, Bennetta 181

Hubert M. D.

Medical Attendant.

Address 1099 Mott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

Permit No. 3330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George F. Browning

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 26 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 50 Hill St.

Cause of Death, First (Primary,) Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 16th 1875 Thos. Ord M. D.

Medical Attendant.

Undertaker, Armstrong & Denny *Address* 146 Hanover

Place of Business 363 Eight St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 16 1875

Permit No. 283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma A. Taylor

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Thirty four Years, Nine Months, Three Days.

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During the lifetime

Place of Death, {Give street and number.} 98 Ridgely St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, About fifteen Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 17th 1875

{*Undertaker,* J. B. Blackistan Son *Address*
Place of Business, 606 Balt St

Thomas Jeffrington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT
JUN 17
1875
BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard F. Garrett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* 7 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 176 Park St.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, June 17. 1875

Milton N. Taylor M. D.
Medical Attendant.

Undertaker, M. A. Dauger

Place of Business, 94 S. Broadway Address 100 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3233.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Kingentszan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 9 *Months,* X *Days.* 1

Color, *Sex,* White X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number.} 137 Camden N.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 17th

Undertaker, F. N. Troll

Place of Business, 90 S. Howard *Address* 55 Sharp N.

Wm C. Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 32311

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bertha Elizabeth Baitler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Four *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Second Street No 3

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ...

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 17th 1875

Undertaker, F. S. Ball

Place of Business, 90 S. Howard *Address* 137 N. Eutaw St.

C. A. Stein *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9933

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED (?) 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19/95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martha K Kahn

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, *Years,* 5 *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1986 Gough & Chapel

Cause of Death, First (Primary,) Cholera Infant. (Fed by hand.)

Second (Immediate.) Brain Symptoms.

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Friday June 18th/95

Brain & Arnold *M. D.*
Medical Attendant.

Undertaker, John Brand

Place of Business, 79 Orchard *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 17
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th June 1875 7 o'clock a'evening

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friederike Rodenberg

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* 7 *Months,* ~~~ *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and number.} N. Durham street No. 85.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera infantum

Duration of Last Sickness, 4 days'

All the above information should be furnished by the Physician.

Place of Burial, Friends Cem.

Date of Burial, Friday June 18/75

Undertaker, Jos. Braune

Place of Business, 99 N. Wolfe St.

William Henke M. D.
Medical Attendant.

Address N. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3237

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Royal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about Six *Years,* *Months,* *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~East~~ Eastern Shore Md

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} no 4 State Sheet Court

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Uraemia

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, June 17th 1875

Undertaker, M. H. C. Perry

Place of Business, 1548 W Pratt St

A Friedenwald M. D.
Medical Attendant.

Address 68 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3238

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Olivia Bolgiano

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, White *Years,* Two *Months,* Two *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 98 Chew St Balto City

Duration of Residence in the City of Baltimore, Two Months & Two days

Place of Death, {Give street and number.} # 98 Chew St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ~~Two~~ Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green-Mount Cemetery

Date of Burial, June 18th 1875

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

A. Hartman M. D.
Medical Attendant.

Address #305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 17 1875

Permit No. 9239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ... *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, { First (Primary,) ..... Second (Immediate.) ..... }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

M. D.

Medical Attendant.

{ *Undertaker,* .....
{ *Place of Business,* ..... *Address* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 17 BALTIMORE

Permit No. 32470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Martin Graney

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 5 *Months,* 14 *Days.*

Color, white *Sex,* white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 84. N. Amity

Cause of Death, First (Primary,) Scarlet Fever ———

Second (Immediate,)

Duration of Last Sickness, 4 days ———

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Edwd. J. McKeand M. D.

Medical Attendant.

Date of Burial June 17

Undertaker, J B Cook

Place of Business, 707 109 Baltimore St

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 32411

The Special Attention of Physicians is respectfully invited to the remarks below. [illegible] to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 32411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Logan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland U. S. 15 Years

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 27 Hillen St

Cause of Death, { First (Primary,) Consumption
Second (Immediate.) 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, June 18 /73

J. N. Winders M. D.
Medical Attendant.

Undertaker, B B Loch

Place of Business, No 707 W Baltimore *Address* 434 North Exeter St

31

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James E. Rowles,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Huckster

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 26 yrs,

Place of Death, { Give street and number. } Balto Infirmary Lombard St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, Ten days,

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, June 17

T. A. Ashby M. D.
Medical Attendant.

Undertaker, J. R. Cook

Place of Business, 707 Aliceanna Address Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 32113

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32113,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Moses Lorier

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 1 *Months,* *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Vincent alley near Lexington St

Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,) ~~Strangulation~~ Asphyxia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17th 1875

Undertaker, Saml. H. Chase

Place of Business, 8 Howard St

Signature Jno. T. Stewart M. D.
~~Medical Attendant~~

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Jackson Lorier the father

No. 3244

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th June 1875. 2 o'clock after noon

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Lindemann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 5 *Months,* ~~~ *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} Lancaster street Nr. 120.

Cause of Death, {First (Primary,) / Second (Immediate,)} Dysentaria / 6 Dys.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetary

Date of Burial, June 17th 1875

Undertaker, Henry Sander

Place of Business, 252 Canton Av

William Hunel M. D.
Medical Attendant.

Address S. Wolfe street 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

32115

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lidya Wallace

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 yrs 0 *Years,* 8 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 136 Pierce Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Coma

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17th 75

Undertaker, W. H. Chase

Place of Business 190 S. Howard.

L. O. Law M. D.

Medical Attendant.

Address Corner Pulteney Street & Hyde Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Weiss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* one *Months,* *Days.*

Color, white *Sex,* male

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore (md)

Duration of Residence in the City of Baltimore, born in the city

Place of Death, {Give street and number.} in Hanstead st

Cause of Death, {First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 18th 1875

Undertaker, Chas. Herring

Place of Business, 136 E. Pratt

E. Theod M. D.
Medical Attendant.

Address 102 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3947

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teresa

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, 11 ~~Months~~, weeks ~~Days~~.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bay View

Duration of Residence in the ~~City of Baltimore~~, Institution 2 weeks,

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery *Martin Brewer* M. D.

Medical Attendant.

Date of Burial, June 17th 1875

Undertaker, Jas L. Chalmers *Address* 201 N Bridle St

Place of Business, 262 Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

Permit No. 3218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday June 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Hoover.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 15 Courtland St.

Cause of Death, First (Primary,) Tuberculosis - with Hæmoptysis

Second (Immediate,) Pulmonary. T. (Consumption)

Duration of Last Sickness, Four weeks confined to house - duration of disease about 3 years -

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 18th 1875

W C Van Bibber M. D.
Medical Attendant.

Undertaker, Chas J Scriven

Place of Business, 271 N. Eutaw st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3249

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Good

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

~~*Color,*~~ ~~*Sex,*~~

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 337 Eathard st

Cause of Death, First (Primary,) Fall, and wound of head

Second (Immediate.) Erysipelas

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Ver. & Pr. Co

Date of Burial, June 18th.

Undertaker, Chas. F. Scriven

Place of Business, 271 Eutaw st

G. L. Tannyhill M. D.
Medical Attendant.

Address 129 N. Biddle st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit (124)

3951

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Lillian Peters

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* ~~11~~ 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 86 McCulloh st

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 86 McCulloh st

Cause of Death, { First (Primary,) Entero Colitis
Second (Immediate,) Effusion in ventricles

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 18 June

Caleb S Hinkson M. D.
Medical Attendant.

{ *Undertaker,* H W Jenkins Son
{ *Place of Business,* 16 Light st. *Address* 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully . . . ted to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Elizabeth Johnston

Sex, ~~Male~~ & *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 4 *Months,* 2 *Days.*

Color, white *Sex,* female

Married, ~~Single~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, From her birth

Place of Death, {Give street and number.} Mozument East West

Cause of Death, {First (Primary,) Disease of Brain
Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 19th

F. J. Miles M. D.
Medical Attendant.

Undertaker, R. Renneker & Son *Address* 14 Cathedral St

Place of Business, No 92 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No 3252

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia Pope

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 6 *Months,* 1 *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Peach Alley between Cross & West Sts

Cause of Death, { First (Primary,) Cold { Second (Immediate,) Diarrhoea

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18th 1875

M. D.

{ *Undertaker,* Sand H. Chase
{ *Place of Business,* S. Howard St *Address* Commit of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by John Pope (Father)

No. 3253

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3253.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett Armstrong

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* ~~Days.~~

Color, Colard *Sex,*

Married, ~~Single,~~ ~~White~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbart County Md

Duration of Residence in the City of Baltimore, 8. years

Place of Death, {Give street and number.} No 21 Register St

Cause of Death, First (Primary,) Second (Immediate,) infor mation in the Brain or Concussion of Brain

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Talbart Co. Md

Date of Burial, June 18 1895

Undertaker, H. Dunga

Place of Business, East Baltimore

Thornett M. D.

Medical Attendant.

Address, No 99. north St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit (128)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32574

The Physician who attended any person in a last illness is responsible for the presentation of the Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~ ~ ~ *Years,* one *Months,* ~ 10 ~ *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, One Month & 10 days

Place of Death, {Give street and number.} ~ No 220 Durham St 1.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 17th 1875

Undertaker, Geo Frankenfield

Place of Business, 339 Canton Av

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 9233

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17: 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Reese

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Two *Months,* 1/2 ~~*Days.*~~

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Burgundy Alley, #12.

Duration of Residence in the City of Baltimore, Two and half months

Place of Death, {Give street and number.} St. Andrews Infirmary.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 18th 1875

Christoph Johnston M. D.
Medical Attendant.

Undertaker, Plummer

Place of Business, 319 Mulberry St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

3956

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 18 1875 BALTIMORE.

Date of Death, June 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Clifford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* 11 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Mos & 17 days

Place of Death, {Give street and number.} 81 E. Fayette

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. E. Ilman M. D.

Date of Burial, June 18th 1875 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 653 Broadway *Address* 172 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3257

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT CITY 1875 BALTIMORE

Date of Death, Robert Dmick Died June 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Dmick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, —— *Years,* eight *Months,* eight *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all it's life

Place of Death, {Give street and number.} 21 Watson pl

Cause of Death, First (Primary,) Feble from moment of birth

Second (Immediate,) Marasmus &c

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetry

Date of Burial, June 19th 1875

D Webster Cathell M. D.
Medical Attendant.

Undertaker, L. H. Hughes

Place of Business, ~~Interment~~ Corner N. E. Corner Baltimore & Eutaw sts

Address N. E Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3258

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Blanche Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 18 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 167 William st.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 18 1875

J. E. Hannigton. M. D.
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Hanover st Address 364 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 18 1875 BALTIMORE

Date of Death, June 17th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lewis Coleman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 *Years,* 11 *Months,* 20 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, various

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Amelia Co Va

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 622 N Baltimore St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis

{ Second (Immediate,)

Duration of Last Sickness, 6 Months to date of Death

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 18. 1875

J. H. C. Cudlipp, M. D.
Medical Attendant.

Undertaker, Joseph B. Cook

Place of Business, 707 W Baltimore St Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Variola 1870

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Christina Walter.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 32 Bennett St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Bennett St

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Convulsions

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, 13 June

Undertaker, John P. Schuck

Place of Business, 165 Aliceanna

E. Jones Williams M. D.
Medical Attendant.

Address No 33 Elliot St
Bolts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3261

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17½ June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Graham Lawson

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 18 Darlington Avenue

Cause of Death, First (Primary,) Cerebro Entiritis

Second (Immediate,) Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 18th June 1875

Undertaker, Jno. Doane

Place of Business, 568 W. Balto St

L. H. Jones, M. D.
Medical Attendant.

Address 530 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3262

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Thomas

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anns Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 269 S. Fremont St

Cause of Death, {First (Primary,) Dropsy / Second (Immediate,) "

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Jamestown M. D.

Date of Burial, June 18th 1875

{*Undertaker,* J. H. Davis / *Place of Business,* 12 Saratoga St} Address Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by, Christopher Roberson Son in Law of deceased

No. 3263

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Gettier

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} # 72 Portland St. Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} Fork St. 5th house west of Light St. So. side, Old Number.

Cause of Death, First (Primary,) Diarrhoea,

Second (Immediate,) Inflammation of the Bowels,

Duration of Last Sickness, Since May 12th 1875.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 19th 1875

Undertaker, Charles F. Herbst

Place of Business, 161 Hanover St. *Address* 161 Sharp St. Cor Lee

D. A. Bell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 32644

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32644

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Jane Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housework.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Donaldson Co. Md.

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 125 Bowers Street

Cause of Death, First (Primary,) Phthisis Pulmonalis 2 years

Second (Immediate,) Asphyxia

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18th 1875

Undertaker, John H Locks

Place of Business, 64 S. Wolfe St

G. Glanville Lusk M. D.
Medical Attendant.

Address Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3265

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17 June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Karl Heinrich Hermann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} /

Age, 35 *Years,* 4 *Months.* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lenfort, Prussia,

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} N. W. cor Washington & Lombard

Cause of Death, First (Primary,) Tuberculous Consumption

Second (Immediate,)

Duration of Last Sickness, about 5 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus John F. Monmonier M. D.

Date of Burial, June 19 th. Medical Attendant.

Undertaker, W. Dysel

Place of Business, Lost Bond at 151 *Address* S. W. cor. Calvert & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William R Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 4 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 14 S. Eutaw St

Duration of Residence in the City of Baltimore, 4 Mos - 27 Days

Place of Death, {Give street and number.} No 14 S. Eutaw St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wm. E. Clagett M. D.

Date of Burial, June 18 1875 Medical Attendant.

Undertaker, Charles F. Koerbel *Address* 18 S. Eutaw St.

Place of Business, 161 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permits for Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

Date of Death, June 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Lehr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 6 mo *Months,* *Days.*

Color, white *Sex,* male

~~Married, Single, Widow, S.~~ *Widower,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 35 King St

Cause of Death, First (Primary,) Fatty heart

Second (Immediate,) —

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 19 1875

Dan'l E Baltzell M. D.
Medical Attendant.

Undertaker, C F Krause

Place of Business, 209 Hanover *Address* 175 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3268

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

Date of Death, 17th of June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Gerhart Augusta Gerhart } parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 9 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Conway St. Nr 20

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Convulsions

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 19th of June

N. F. Reinhard M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover St. *Address* 224 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3269

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3269.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 5 weeks ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the ~~City of Baltimore.~~ Institution 2 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 19. 1875.

Undertaker, J. J. Chalmers

Place of Business, 262 Penn. Ave

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3270

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE.

Date of Death, 17th of June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tony Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12. *Years,* 2 *Months,* 5 *Days.*

Color, Chesnut. Color *Sex,* Male

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter Boy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Montgomery Hall. Montgomery St. near Howard St

Cause of Death, First (Primary,) Thyphus Fever

Second (Immediate,)

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 19th 75

Undertaker, John B. Williams

Place of Business, 197 Lib. St

F. B. Brown M. D.

Medical Attendant.

Address 176 So Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3271.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 18 1875 BALTIMORE

Date of Death, June 17th 1875 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Hurmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 0 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 272 Canton Av.

Cause of Death, First (Primary,) Rachitis

Second (Immediate,) Bronchitis acute

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetary

Date of Burial, June 19th 1875

Undertaker, Henry Saunder Jr.

Place of Business, 262 Canton Av. *Address* 12 S Edmondson

D. Winternitz *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cem

NO.

The special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 3272

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

Date of Death, June 18. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas J. Bishop

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 19 S. Chapel Ct.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, June 19th 1875

Undertaker, M. Hall

Place of Business, E. Balto St.

G. Glanville Rusk M. D.
Medical Attendant.

Address Balto & Mash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy Elliott

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ____ *Years,* Thirteen *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Maryland

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} Rockelman & Stricker & Co

Cause of Death, First (Primary,) Chlera Infantum

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Calvert County, Md

Date of Burial, June 19th 1875

Julius Hall M. D.
Medical Attendant.

{*Undertaker,* John Meaher
Place of Business, No 150 Camden St *Address* 427 Mount St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Grant (126)

Keepers of Cemeteries ... Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

Permit No. 32714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Jason

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 24 *Years,* ——— *Months,* 1 *Day.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York city

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 29 Wasdee

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters R.C. Cemetery

Date of Burial, June 19th 1875

W. H. Kemp M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill ave *Address* 535 N Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 19 BALTIMORE

Permit No. 3275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16. 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh McNamara.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,* ~~Female~~, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ball. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 2 Madeira Alley,

Cause of Death, First (Primary,) Yellow Fever.

Second (Immediate,) Asthenia.

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, June 17th 2 Oclock

Undertaker, George C. Rodenmayer

Place of Business, 98 Eutaw St

C. Glanville Keech M. D.
Medical Attendant.

Address Balt & Washington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa A Schofield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Five *Months,* ____ *Days.*

Color, White ; *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 27 Jefferson St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 Jefferson St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Bell cemetery, R W Williams M. D.

Date of Burial, June 17. 10 Oclock Medical Attendant.

Undertaker, Geo C Rodemyer

Place of Business, 921 Eastern Av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

Permit No. 3277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Gorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 7 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Maryland

Duration of Residence in the City of Baltimore. Life Months

Place of Death, {Give street and number.} Lemmon alley

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Prostration

Duration of Last Sickness, about One hour

All the above information should be furnished by the Physician.

Place of Burial, Howard Co

Date of Burial, June 19 1875

Undertaker, S B Cook

Place of Business,

Chas G. Holliday M. D.
Medical Attendant.

Address 28 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit 127

Keepers [illegible] returns of all Permits for Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible] of this Cer

Board of Health, City of Baltimore,

Permit No. 3178

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mcnulty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 5 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} Baltimore Near Cut Table

Cause of Death, First (Primary,) Natural debility

Second (Immediate,) Brain disease

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Saturday 19/74

Edward A Mann M. D.
Medical Attendant.

Undertaker, J B Blackistonson

Place of Business, 606 Balt st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Moriarty

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* 5 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Sex Male

Occupation, "

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number. } Out Stable Denison Pl

Cause of Death, { First (Primary,) Natural debility
Second (Immediate,) Brain disease
Otitis Hay-

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Saturday 19/75

Edward A. Thanis M. D.
Medical Attendant.

{ *Undertaker,* J. B. Blackistone Son *Address*
{ *Place of Business,* 606 Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keeper's

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

Permit No. 3280

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June Seventeenth 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Schoefield

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 27 Front Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 19 1875

Chas. Lloyd Martin M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address* No 38. Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

Permit No. 3281.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John A. Hackett

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 47 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Brickmaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cheltenham Prince Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 366 Orleans St

Cause of Death, { First (Primary,) Consumption of the Lungs / Second (Immediate,)

Duration of Last Sickness, Three months Referred to house.

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer M.E. Ground

Date of Burial, June 19

Undertaker, Murphy

Place of Business, 54 N Broadway *Address*

A Hamilton Smith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Rane

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Three *Years,* 8 *Months,* 28 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 236 S. Amity St

Cause of Death, First (Primary,) croup

Second (Immediate,) Chron croup

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, June 20th 1875

Undertaker, H. Sauder

Place of Business, 252 Canton ave

H. C. Parlow — *M. D.*
Medical Attendant.

Address 86 S Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

Permit No. 3283, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Elizabeth Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years.* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} No. 10 Shields ally

Cause of Death, First (Primary,) Uterine inflammation

Second (Immediate,) " Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Harp St cemetery

Date of Burial, June 19th 1875

Undertaker, Wm F Gray

Place of Business, 65 Mulberry St

S. B. Gardner M. D.
Medical Attendant.

Address 121 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman R. Hubert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* 2 4 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ____ Life

Place of Death, {Give street and number.} 209 Alice Ann

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) ____

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, My Reform Church Grove. G. Cemetery

Date of Burial, June 19. 4th Cl

Herman R. Arnold M. D.
Medical Attendant.

Undertaker, L. Beyer

Place of Business, 78 S. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Frederick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} /

Age, ——— *Years,* ——— *Months,* 12 *Days.*

Color, white *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 143 Essex Street

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) " "

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Comfort Cem James A Steuart M. D.

Date of Burial, June 19th 1875 Medical Attendant.

Undertaker, Henry Bein

Place of Business, 252 Alice Ann St *Address* Commissioners Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs E. Buschman Midwife [OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer[illegible]

No. .....

Board of Health, City of Baltimore,

Permit No. 3286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Savoy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 11 *Years,* 6 *Months,* 23 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 13. Walnut alley

Cause of Death, { First (Primary,) Heart disease

Second (Immediate,) Dropsical effusion

Duration of Last Sickness, over 2 years.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery I attended this child over 6 mos ago - not since

Date of Burial, June. 18 1875 C Thurlow M. D.

Medical Attendant.

Undertaker, S McChase

Place of Business, 192 S. Howard *Address* 23 W Cullaket st Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

I have not seen this child in 6 months & give certificate as it is stated to me

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3287

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertnker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Albert Banks.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 months *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Milford St & Wilmer St

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 19/1875

Undertaker, C W Chase

Place of Business, 199 W. Howard St *Address* 89 N Greene St.

J. H. Keller, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ate for Burial.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

Permit No. 3288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 19 1895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th of June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Schmidt

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 4 *Months,* ——— *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 40 years (Back to Chapel St.)

Place of Death, {Give street and number.} S.E. Cor. of York & Light sts.

Cause of Death, First (Primary,) Senectus

Second (Immediate,) Gangrena senilis, Marasmus.

Duration of Last Sickness, 4 weeks. (Coma 1 day)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 20th of June 1895

Undertaker, Leonard Ritz

Place of Business, 129 S. Broadway

J. Mathieu, M. D.
Medical Attendant.

Address 245 E. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City ... of all Permits for Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florance A. Haure,

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4, *Months,* 21, *Days.*

Color, *Sex,* Fem.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 168 S. Howard St,

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, Five or Six days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, June 20th.

Undertaker, F. N. Troll

Place of Business, 90. S. Howard St

R. J. H. Tall, M. D.
Medical Attendant.

Address 15 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this c...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 19 BALTIMORE

Permit No. 3290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} unknown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 20 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} at Pier #14 Light Street Wharf

Cause of Death, First (Primary,) Accidentally falling overboards

Second (Immediate,) drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, June 19th 1875

Undertaker, M. H. C. Perry

Place of Business, 648 W. Pratt St

M. W. Dorsey M. D.
Coroner
Medical Attendant

Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

No.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 19 BALTIMORE

Permit No. 3291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Henry Brooks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 4 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 month 4 days

Place of Death, {Give street and number.} Home of the Friendless

Cause of Death, First (Primary,) Acute Indigestion

Second (Immediate,) Marasmus

Duration of Last Sickness, 1 month 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem't

Date of Burial, June 19th 1875

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave *Address*

Wm G Harrison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of C...

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 19 1875

Permit No. 3292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Griffith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Eleven *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 126 S. Fremont Street

Cause of Death, First (Primary,) Scald

Second (Immediate.)

Duration of Last Sickness, Twenty-four (24) hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 19th 1875

Levi H. Coleman M. D.
Medical Attendant.

Undertaker, John S Wacker

Place of Business, No 150 Camden St *Address* No. 15 McHenry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers of Cemeteries in City of Baltimore will make returns [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 19 1875

Permit No. 3293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Brak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 11. *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, about Life

Place of Death, {Give street and number.} 282 N. Central ave

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 20 1875

Undertaker, Henry Mock

Place of Business, 209 Central Ave

R. A. Lehne — *M. D.*
Medical Attendant.

Address 56 S. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Balt... ...mits for Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 3291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 19 1895 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 2 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Funk

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 41 *Years,* ten *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Tailor,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Near Darmstadt Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number. } 18 Walker ste (East End)

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,)

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, June 20

Undertaker, C. H. Ramsey

Place of Business, 1316 Fayette

Whitehead M. D.
Medical Attendant.

Address 12 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials each week.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

JUN 19 1875 BALTIMORE.

Permit No. 3295

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Unknown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 75 *Years,* About ~~5~~ *Months,* 0 *Days.*

Color, *Sex,* White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Unknown

Occupation, "

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number. } Baltimore, Cor Calhn & Saratoga

Cause of Death, { First (Primary,) Drowning

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, June 19th 1875

{ *Undertaker,* W. Donovan

{ *Place of Business,* 6 Bank St

A. L. Wolfe M. D.

Medical Attendant.

Address Washington University H.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make ...
... the Office of ...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 19 1875

Permit No. 3296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen McGuire

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 76 *Months,* *Days.*

Color, *Sex,* White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Unknown.

Place of Death, {Give street and number.} Baltimore, Corner Calvert & Saratoga

Cause of Death, First (Primary,) Pernicious Fever

Second (Immediate.) Remittent

Duration of Last Sickness, Unknown.

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, June 19th 1875

Undertaker, M. Donovan

Place of Business, 6 Bank St

M. D.

Medical Attendant.

Address A. L. Clarke M.D. Washington University

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

Permit No. 3297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. & Henrietta Hutchins (Parents)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 Hours ~~Days~~

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Philadelphia Road

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A. Steuart M. D.

Date of Burial, June 19th 1875 Medical Superintendent

Undertaker, W. R. Lungee

Place of Business 104 East St *Address* Commissioners of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Henrie Hutchins Mother

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 19 1875

Permit No. 3298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dorothea Natalia Muller

Sex, Male or Female, { Cross out the word not required in this line. } Illegitimate

Age, ____ *Years,* ____ *Months,* 14 days *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 14 Days

Place of Death, { Give street and number. } 256 Cross St

Cause of Death, First (Primary,) Want of Nourishment

Second (Immediate,) Marasmus

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 19th 1875

Alfred Coltman M. D.
Medical Attendant.

Undertaker, Charles F Herold

Place of Business, 161 Hanover St *Address* 166 S. Frederick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

Permit No. 3299

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th, 1875 at 8 o'clock P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Adolph Rebske

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 102 Register St.

Cause of Death, First (Primary,) Malignant Scarlatina

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, June 20th 1875

J. H. Rehberger M. D.
Medical Attendant.

Undertaker, Layer Eckhard

Place of Business, Canton Ave

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 19 BALTIMORE

Permit No. 3300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18 June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Wilhelm Bode

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* five *Months,* ___ *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Last born

Place of Death, {Give street and number.} 91 Ellin St (Canton)

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) four days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 5th Reformed Germ Cemetery

Date of Burial, 20th June 1875

Undertaker, Geo Frechlich

Place of Business, 339 Canton Av

Address 102 S. Bond Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Peacock

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 449 Lexington St

Duration of Residence in the City of Baltimore, ——— Life

Place of Death, {Give street and number.} 299 Argyle ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. Jos C Benzing M. D.

Date of Burial, June 19 th Medical Attendant.

{*Undertaker,* G. B. Blackistone & Son *Address* 176 N Arlington ave

{*Place of Business,* 606 W. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 33112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Schallmeyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 3 *Months,* 2 *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——— Life.

Place of Death, {Give street and number.} 238 N Caroline

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) (fed by nurse) (convulsions)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, June 21, 1875

Abram B Arnold *M. D.*
Medical Attendant.

Undertaker, Henry Deck

Place of Business, 3 E Centre St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 33103

OFFICE OF REGISTRAR OF VITAL STATISTICS.

REGISTRAR'S DEPARTMENT JUN 20 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Percival Dewitt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 10 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lebanon, Delaware

Duration of Residence in the City of Baltimore, Seven months

Place of Death, {Give street and number.} No. 365 E. Lombard St.

Cause of Death, {First (Primary,) Malignant Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Delaware

Date of Burial, June 21 1875

Wm H. Clendinen, M. D.
Medical Attendant.

{*Undertaker,* Wm Fry

{*Place of Business,* Broadway & Fayette St *Address* No 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 128.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th June 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Hampel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 Yrs

Place of Death, { Give street and number. } 9 Burk St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Heart Disease.

Duration of Last Sickness, 4 few minutes

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery Thos. Kelly M. D.

Date of Burial, June 21st 1875 ~~Medical Attendant.~~ Coroner

{ *Undertaker,* Henry Sander Address Town & Exeter
{ *Place of Business,* 252 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

from information

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 3305.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 88 Church St.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 20th 75

C. M. Hall M. D.

Medical Attendant.

Undertaker, John B. Williams *Address* 266 S. Sharp St.

Place of Business, 104 Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases o

Board of Health, City of Baltimore,

Permit No. 3306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
2
1875
BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 19th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } John Dreyel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Pt. Lane near Hoffman Str.

Cause of Death, { First (Primary,) Inflammation of Bowels
Second (Immediate,) Brain Complication

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 21st 75

Undertaker, Geo. Schilling

Place of Business, Fulton & Fergusons Monument St

Jno. Burke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3307,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John A Boone

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Black *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 3 Masons Court

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate.) }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 20th 1875

James H Steuart M. D.
~~Medical Attendant~~

{ *Undertaker,* John B. Williams / *Place of Business,* 101 Lee St } *Address* Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John B Williams
Undertaker

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3308

HEALTH DEPT. JUN 20 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alden Dennis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 0 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt Md

Duration of Residence in the City of Baltimore, forever

Place of Death, { Give street and number. } 426 E Madison st

Cause of Death, { First (Primary,) Cholera Infantum. Second (Immediate,)

Duration of Last Sickness, 4 days 6 hours & 2 m. & 3 de

All the above information should be furnished by the Physician.

Place of Burial, Bald Cemetery

Date of Burial, June 20 1875

John A Conner M. D.
Medical Attendant.

{ *Undertaker,* F. N. Stoll
{ *Place of Business,* 90 S. Howard st Address 286 E. Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

Permit No. 3309

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Thomas Moulden

~~Sex, Male or Female,~~ { Cross out the word not required in this line. } .....

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } Druid Hill Avenue

Cause of Death, { First (Primary,) ..... Second (Immediate.) Consumption

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, June 21st 1875

Chas A Donovan M. D.
Medical Attendant.

{ *Undertaker,* Chas T Scriven
{ *Place of Business,* 271 N Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3310

BALTIMORE MED. JUN 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elwood Schaffer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 135 Elliott St

Cause of Death, {First (Primary,) / Second (Immediate,)} Whooping cough

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wagnertown Md

Date of Burial, June 21 1875

{*Undertaker,* Gibmayer / *Place of Business,* Carlton ave}

Charles A Geiger M. D.
Medical Attendant.

Address 267 Druid Hill Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit (29)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 3311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kroner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 25 *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 233 N Dallas St

Cause of Death, {First (Primary,) Cholera infantum

{Second (Immediate,) Collapse from the progress of the Acute.

Duration of Last Sickness, about 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Mayers' Grav Yard. Chas. J. Kluber *M. D.*

Date of Burial, June 22. Medical Attendant.

Undertaker, H. Hofmann.

Place of Business, 63 W 8den St. *Address* 222 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 3312

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Friedrich Lupus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 27 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} (185 Conway St Balt°

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 185 Conway Street

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 21st.

H. Atkins M. D.
Medical Attendant.

Undertaker, Charles F. Hearld

Place of Business, 161 Hanover st *Address* 95 S. Sharpe St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

Permit No. 3313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st June 1878. four o'clock a'mearning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles. Schrüfer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5. *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, during life since

Place of Death, {Give street and number.} Cannon Street No 19

Cause of Death, First (Primary,) Apoplexia nervosa cerebri (Dentitio)

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Ephraims Graveyard William Herrel *M. D.*

Date of Burial, June 22nd 1878 Medical Attendant.

Undertaker, H. H. Gilmanger

Place of Business, 341 Canton Ave. *Address* S. Wolfert. 114.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

Permit No. 3314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th of June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Hoffmeister

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* 5. *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Marburg, Germany.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} North Calvert St. No. 53. (3)

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 22

Fred. Hoffe M. D.
Medical Attendant.

Undertaker, Wh Rossney

Place of Business, 136 E Sug. St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

Permit No. 3315.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Wich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 3 *Months,* 3 *Days.*

Color, White *Sex.* male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria in the village of Burg

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number.} Madeira Alley Nr. 160

Cause of Death, First (Primary,) Marfolimeus

Second (Immediate,) Dropsie

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 21st June

L. F. Reinhard M. D.
Medical Attendant.

Undertaker, Geo Foelich

Place of Business, 239 Canton Avenue *Address* 224 N. Fayette Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Permit No. 3316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Charles Host

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 21 *Days.*

Color, white *Sex,*

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 139 E. Spring Street

Cause of Death, {First (Primary,) Cerebral Meningitis
Second (Immediate,) Asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenly Ch Cemetery James F. Slaun M. D.
Medical Practitioner.

Date of Burial, June 21st 1875

Undertaker, Geo Frederick *Address* Commis of Health & Registrar

Place of Business, 339 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Geo Frederick — Undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 2 1875

Permit No. 3317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Reeves

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 13 Months, 2 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 months & 1 days

Place of Death, {Give street and number.} 61 Hanover St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Md. (Cit.) Cemetery James F. A. Shaw M. D.

Medical Attendant.

Date of Burial, 21 June

{ *Undertaker,* A. Bahrn / *Place of Business,* 36 Thames St. } *Address* 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 3318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 21 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher Sparl

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lager Beer Saloon Keeper (formerly Blacksmith)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number.} 64 Frederick Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Organic Valvular Heart Disease.

Duration of Last Sickness, Several years (confined to bed 4 days)

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, June 22d

{*Undertaker,* E. P. Preston.
Place of Business, 6 Pratt Ave.

Geo. L. Dare M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 33

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

Permit No. 3319

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 21 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th June 1875,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary D. Keith,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md,

Duration of Residence in the City of Baltimore, All her life,

Place of Death, { Give street and number. } Eutaw & Lombard North of Franklin,

Cause of Death, { First (Primary,) Scarlatina

{ Second (Immediate,)

Duration of Last Sickness, Three days,

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park Cemt

Date of Burial, June 21st 1875

Henry L. Byrd M. D.
Medical Attendant.

{ *Undertaker,* Jacob Weaver
{ *Place of Business,* No 486 David Hall Avenue

Address 366 N Howard St
Baltimore, Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ... of this C...

Board of Health, City of Baltimore,

Permit No. 3320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 21 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Adam Sneed

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years* 2 *Months,* 2 *Days.*

Color, White

Sex,

~~Married, Single, Widow or Widower~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} 21 Chimes St.

Cause of Death, {First (Primary,) Measles

{Second (Immediate,) Enteritis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 21 Th 1875

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross st

L Shuster M. D.
Medical Attendant.

Address 154 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3321.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Curtain

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, —— *Years,* 4 *Months,* 12 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Cor Charles & Cathedral

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters R.C. Cemetery

Date of Burial, June 21st 1875

Edwd. J. Nicholson M. D.
Medical Attendant.

Undertaker, Lehnz. A. Ponder

Place of Business, No 520 W. Balto. *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac... Certific...

Board of Health, City of Baltimore,

Permit No. 3322.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 22 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rinaldo S Day

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~[illegible]~~ 24 *Years,* 7 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Fireman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll County Md

Duration of Residence in the City of Baltimore, About 7 years

Place of Death, {Give street and number.} No 79 South Stricker St

Cause of Death, First (Primary,) Congestion of Bowels

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Woodbine

Date of Burial, June 22d

Undertaker, Wm M Leonard

Place of Business, 782 W. Baltimore St *Address*

D. F. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 130

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 3323,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaretha Steinbrink

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 66 *Years,* 9 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria, Germany, 31 years.

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give street and number. } Barrough St, 34

Cause of Death, { First (Primary,) Insufficiency Valves (Aorta).
Second (Immediate,) Dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Ch. Cemetery

Date of Burial, June 22nd 1875

G. Lichmann M. D.
Medical Attendant.

Undertaker, Chas. F. Herold

Place of Business, 161 Hanover St *Address* 518 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba... ...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 23
1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chandle E Lockwood

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* 6 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Greenish Township Connecticut

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 371 N Gilmore St

Cause of Death, {First (Primary,) Intermittent Fever, but it had been arrested several days Senile Decay Old age / Second (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, June 22d 1875

Elias C. Price M. D.
Medical Attendant.

{*Undertaker,* Jas L. Chalmers
{*Place of Business,* 262 Pennsylvania Ave *Address* 262 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 30

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peony A Demill

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, Fifty-five *Years,* — *Months,* — *Days.*

Color, Dark *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, About Thirty years

Place of Death, {Give street and number.} 91 Oxford St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, More than two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22d 1875

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St *Address* 89 Mulberry St

A. McClain M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3326

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Barrett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Eight *Years,* Two *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Schoolboy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 144 Columbia St

Cause of Death, First (Primary,) Rubeola

Second (Immediate,) Phthisis

Duration of Last Sickness, Ten days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, June 21st 1875

Undertaker, Jos F Byrne

Place of Business, 54 N Liberty St *Address*

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3327

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly M. Byer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 ~~Months,~~ 27 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All it's life

Place of Death, {Give street and number.} 271 William

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 22 1875

Theodore Dorsey M. D.
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Conway St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUN 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elenora Smallwood

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 7/12 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 3 7/12 Y

Place of Death, {Give street and number.} Little Broadway

Cause of Death, {First (Primary,) Fracture of Skull

Second (Immediate,) Immediate

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Dallas St Bmrial Ground

Date of Burial, June 21st 1875

Thos. Kelly M. D.
Medical Attendant.
Coroner

Undertaker, John H. Locks

Place of Business, 65 S. Wolfe st *Address* Town & Exeter sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

From information at inquest.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillie May Porter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* 10 *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and number. } 269 Bank

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheritic Croup

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, June 22d 1875

G. L. Wilkes M. D.
Medical Attendant.

{ *Undertaker,* M. A. Daiger
{ *Place of Business,* 7th S. Broadway Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Joseph Butterwick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 2 3 Months, and 20 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Twenty three months and twenty days

Place of Death, {Give street and number.} No. 8 Hubbard's alley

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,) Septicaemia

Duration of Last Sickness, Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 22. 1875

Undertaker, Jacob Reaver

Place of Business, 300. 476 Druid hill ave.

Gerhart Hartman M. D.
Medical Attendant.

Address # 303 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 3831.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Rose Mathias

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 26 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 3 " 2 " 26 d.

Place of Death, {Give street and number.} 33 Hanbert St. Locust Point

Cause of Death, First (Primary,) Scarlet Fever.

Second (Immediate,) Inflammation of Brain.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, June 21st 1875

A. P. Clarke - M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 655 Broadway *Address* Hubert st Locust Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this ...

Board of Health, City of Baltimore,

Permit No. 3332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Edward Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years.* Sixteen *Months.* Two *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} No 9 Guilford Alley

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 21st 1875

{*Undertaker,* James O Byrne

{*Place of Business,* No 63 W Fayette St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9[illegible]3

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3333

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Thomas Sweeny

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* Nine *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 127 Boyd St

Duration of Residence in the City of Baltimore, Three months & 16 days

Place of Death, { Give street and number. } 127 Boyd St

Cause of Death, { First (Primary,) Atrophy, / Second (Immediate,) Cholera Infantum

Duration of Last Sickness, twelve days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, June 20

Undertaker, J & B Cook

Place of Business, 71 & 163 Baltimore *Address*

Saml Enterline *M. D.*
Medical Attendant.

532 N Londen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3334,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilie Stein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 3 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 98 Fort. Ave

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,)

Duration of Last Sickness, 10 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 22d

Undertaker, Henry Brick

Place of Business, Henrietta #81 *Address*

A. A. Lincoln M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2533

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Klappenberger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 7 *Months,* 2 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Washington road Corner of Carey st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Helens

Date of Burial, 22d June

Undertaker, Andrew Hull

Place of Business, 106 Columbia St.

J. A. Buddenbaum *M. D.*

Medical Attendant.

Address 106 Columbia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 21814

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3336

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gross (Mother)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 4 *Days.*

Color, Black *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 317 S. Howard St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) " "

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Jarrett Stewart M. D.

Date of Burial, June 22 " 1875

Undertaker, S. H. Chase

Place of Business, S. Howard St *Address* Commiss of Health pro tem

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Christina Gross Grandmother

[OVER.

No. 13337

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Raymond. O'Connor.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 29 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Hotel Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Abbey Fale County of Limerick Ireland

Duration of Residence in the City of Baltimore, 18 years in this country 3 years in city

Place of Death, {Give street and number.} 289 W. Pratt St Baltimore Md

Cause of Death, { First (Primary,) Syphilis
{ Second (Immediate,) Syphilitic Meningitis

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemy. Jas H Gaskins M. D.
Medical Attendant.

Date of Burial, June 22/75.

Undertaker, F. H. Frall. *Address* No 224 Carrollton Ave

Place of Business, 90 S. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3338.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 22 1875 HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis J Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 6. *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 290 Charles st (South)

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Spasm

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 23rd 1875

Undertaker, C F Krause

Place of Business, 209 Hanover

C. F. Buddenbohn *M. D.*
Medical Attendant.

Address 116 Columbia Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3339

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3339.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Hopf

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 21 *Days.*

Color, white *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 Fountain St

Cause of Death, First (Primary,) artificial nursing

Second (Immediate,) Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemty James A Steuart M. D.

Date of Burial, June 22nd 1875 Physician or Undertaker

Undertaker, Geo Froelich

Place of Business, Centre *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by (Father) Andrew Hopf

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

Permit No. 3210

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

Date of Death, June 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Henry Tegeler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, 4 months and 9 days

Place of Death, {Give street and number.} #28 Arnold st.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Eclampsia

Duration of Last Sickness, ~~4 days~~ One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 22th

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, G. H. Tegeler

Place of Business, 150. 6 angle. ave *Address* 305 N Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

Date of Death, June 21 81.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine, Dist. C

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Three *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 51 Bradford Alley Canton

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Graveyard

Date of Burial, June 22 " 1875

C. Edward Miller M. D.
Medical Attendant.

Undertaker, H. H. Gilmore

Place of Business, 341 Canton Ave. *Address* 1413 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of This

No.

Board of Health, City of Baltimore,

Permit No. 3312

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1895 BALTIMORE

Date of Death, June. 21st 95.

Full Name of Deceased, {Write legibly and spell; if not named, give names of parents.} John. Thos. Grace

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9. *Years,* 5. *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 7. Months.

Place of Death, {Give street and number.} 251 Bank Street.

Cause of Death, First (Primary,) Scarlatina.

Second (Immediate,) Malegnant

Duration of Last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 22 1895

{*Undertaker,* M. A. Dwyer

{*Place of Business,* 74 S. Broadway

Jr. B. O Kelly M. D.

Medical Attendant.

Address Cor. Bank & Chester

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Sp... Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 3243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

Date of Death, June 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard C Kemp

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, *Years,* 2 *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 3 Ys

Place of Death, {Give street and number.} 349 E Baltimore

Cause of Death, First (Primary,) Acut Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, June 22, 1875

Undertaker, M. A. Daige

Place of Business, 74 S. Broadway

Richard C Kemp M. D.
Medical Attendant.

Address 189 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully ited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3344

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Six *Months,* — *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 8 State St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 22 1875

J. Gilman M. D.
Medical Attendant.

Undertaker, W H Chase

Place of Business, No 178 Edward *Address* 172 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

3345

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

Date of Death, June 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* Sep *Months,* *Days.*

Color, Dark *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 93 Chestnut Alley

Cause of Death, {First (Primary,) / Second (Immediate.)} Meningites —

Duration of Last Sickness, Sick days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Wm McKeon M. D.

Date of Burial, June 22. 1875 Medical Attendant.

Undertaker, S H Chase

Place of Business, 196 S Howard St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

Permit No. 3316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1895 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Monday June 21st 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Herbert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 1/2 *Days.*

Color, White *Sex,* Male.

~~*Married, Single,* Widow~~ *or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 218 East Chase Str.

Cause of Death, First (Primary,) Abortion at 6½ mo – Premature

Second (Immediate,) Atelectasis Pulmonum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus.

Date of Burial, 22. June 1895.

Undertaker, Heinrich Heck

Place of Business, 76 Canal Str.

Wm Schluer M. D.
Medical Attendant.

Address 29 S. Sharp Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. BC 3047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

Date of Death, June 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Schiell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} not Known

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Balt Infirmary Lombard St,

Cause of Death, First (Primary,) Chr Bronchitis

Second (Immediate,) Acl Bronchites

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 22 1875

Undertaker, James S Byrne

Place of Business, 63 N Gren St *Address* Univ Hospital

T. A Ashby *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 3345

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Mary Mahon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 82 *Years,* *Months,* *Days.*

Color, White *Sex,* Widow

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Dont know

Place of Death, { Give street and number. } Prot Little Sisters of the Poor

Cause of Death, { First (Primary,) } { Second (Immediate,) } Infirmity

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial St Peter Cemetery

Date of Burial, June 23rd 1875

{ *Undertaker,* Barnes & Byrne
{ *Place of Business,* No 63 n Gren 191

John Burke Doyle M. D.
Medical Attendant.

Address 174 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21/875 1 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Cooney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 7 *Days.*

Color, White *Sex,* Female

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 178 South Canal St

Cause of Death, First (Primary,)

Second (Immediate.) Heart Disease

Duration of Last Sickness, 20 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 23d 1875

Undertaker, James D Byrne

Place of Business, No 63 N Front St

A Gregg Sherlock M. D.
Medical Attendant.

Address 117 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

Permit No. 27 3350

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

Date of Death, 22d June 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Dodd

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 326 Eden St

Cause of Death, { First (Primary,) Convulsions / Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius B. G. A. W. Dodd M. D.

Date of Burial, June 23th. 1875 Medical Attendant.

{ *Undertaker,* Julius Koehler

{ *Place of Business,* Cor Sharp & Cross sts *Address* 207 Hanover St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th...

Board of Health, City of Baltimore,

Permit No. 3357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

Date of Death, June 21 . 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Hough Regan

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, Two (2) *Years,* Seven (7) *Months,* Fourteen (14) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland "

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 265 Hoffman Street

Cause of Death, {First (Primary,) Meningitis Tuberculosis

{Second (Immediate,) " Convulsions. "

Duration of Last Sickness, about "Two weeks. "

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 23/75

W. B. Sellman M. D.
Medical Attendant.

Undertaker, E. J. Dorsett

Place of Business, 21 Park Ave,

Address Cor Laurale & Republican

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 3352

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

Date of Death, June 21st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Maud Bu

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* 7 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington Pa.

Duration of Residence in the City of Baltimore, about 7 months

Place of Death, {Give street and number.} 21 Parish St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Metta Cemetary

Date of Burial, June 22nd 1875

W. R. McKeun *M. D.*
Medical Attendant.

Undertaker, J. B. Blackistone Son

Place of Business, 686 Balt St *Address* 582 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. M 3353

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Leppard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 4 *Months,* 29 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 208 Columbia St

Place of Death, { Give street and number. } 208 Columbia St

Cause of Death, First (Primary,) Ret. to

Second (Immediate,) Atrophia infantum

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 23d

Undertaker, John Tuckel

Place of Business, 491 N. Balto. St. Address 95 S. Sharp

D. Wilson *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 33514

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

Date of Death, June 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. W. Worthington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* 20 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk to Ship Broker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 117 S. Bond St Baltº

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 23rd 1875

Undertaker, Hughes & Co

Place of Business, 65 & Broadway

H. A. McManus M. D.
Medical Attendant.

Address 71. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3353,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

Date of Death, June 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Edward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Seven *Months,* *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seven month,

Place of Death, {Give street and number.} No 13 Saratoga st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, the 22d of June

Undertaker, J. Kennard

Place of Business, 311 Mulberry St. *Address*

A. S. Bonie *M. D.*
N. W. Dispensary
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Williams

Sex, Male or Female, {Cross out the word not required in this line.} City patient

Age, 29 *Years.* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Bell Infirmary, Sinsbard St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, June 22nd 1875

T. A Ashby M. D.
Medical Attendant.

{*Undertaker,* M. H. C. Perry
Place of Business, 448 W. Pratt St} *Address* Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Keating

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 18. *Years,* 1. *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 107 King St

Cause of Death, { First (Primary,) Burns

{ Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem

Date of Burial, June 23rd 1875

J G Hewett M. D.
Medical Attendant.

Undertaker, Jas F Byrne

Place of Business, 5 N Sharp St Address 203 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

Permit No. 3358

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

Date of Death, June 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. E. Coughlin

~~Sex, Male or Female,~~ {Cross out the word not required in this line.} female

Age, *Years,* 5 *Months,* *Days.*

Color, Wh't *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 8 21st St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 2 21st St

Cause of Death, { First (Primary,) / Second (Immediate,) } Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 22nd 1875

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne *Address* 117 S. Broadway

Place of Business, 597 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 22
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John - Fondling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the ~~City of Baltimore.~~ Institution 14 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, 23d June 1875

Marbury Brown M. D.
Medical Attendant.

Undertaker, L. L. Chalmers

Place of Business, 262 Penn Ave *Address* 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...tention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

Permit No. 3360

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Bowman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, white *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 209 St Ann Street

Cause of Death, First (Primary,) ____

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Schwartz B. Gov. James A. Stuart M. D.

Date of Burial, June 23 1875 ~~M. Undertaker's Assistant.~~

Undertaker, H. M. Schmeyer *Address* Commis of Health & Registrar

Place of Business, Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by Mrs E. Buchmann Midwife

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore June 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washer woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Maryland

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} No 6 Clark's alley

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Phthisis

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Island

Date of Burial, June 23rd 1875

Undertaker, Jas H. Davis

Place of Business, Saratoga St

L. D. Dyer *M. D.*

Medical Attendant.

Address No. Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

132 — Transit

No.

...ation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia F Sprowl.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 8 *Months,* 5 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give street and number.} Federal St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 11 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 23rd

Undertaker, Geo. Schilling

Place of Business, S. W. cor. Fay with & Monument st

Dr Geo. W. Grayson M. D.
Medical Attendant.

Address 18 Seventh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 3363

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 BALTIMORE MD.

Date of Death, June 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Lloyd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, one *Years,* 3 *~~Months~~,* ~~ *Days.*

Color, Colored *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 70 S. Dallas St

Cause of Death, First (Primary,) Exentileon - certified Imo

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, E. Pattes Field

Date of Burial, June 22nd 1875 — Jno. F. Stewart M. D.

Name of Attendant.

{*Undertaker,* W. Donovan *Address* Comm'rs of Health

{*Place of Business,* 6 Bank St to Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mother (Mary V. Holmes)

[OVER.

No.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 3314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Brisco

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 45 *Years,* *Months,* *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } St Marys County Md

Duration of Residence in the City of Baltimore, 8 Yr

Place of Death, { Give street and number. } Walker & Both & Bolton

Cause of Death, { First (Primary,) Uterine Cancer
Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Jas. S. Tubbs M. D.

Date of Burial, 22nd June

Medical Attendant.

Undertaker, John Jordan

Place of Business, 13 Park Av *Address* No 427 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...ion of Physicians is respectfully invited to the remarks below. and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3365

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mark Donnelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 3 *Months,* 1 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, School Boy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number.} Washington University, Cor Columbia & Eutaw

Cause of Death, First (Primary,) Poverty & want

Second (Immediate,) Cerebral Abcess

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, June 23rd 1875

Undertaker, James O Byrne

Place of Business, 91 63 N Front St

A. L. Wolfe. M. D.
Medical Attendant.

Address Washington University, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The ... attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ella Linda Brown

Sex, Male or Female, { Cross out the word not required in this line. } Fem

Age, ... *Years,* ... *Months,* ... *Days.*

Color, Black

Sex, ...

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Two Months

Place of Death, { Give street and number. } 163 W. Lombard St

Cause of Death, { First (Primary,) Bronchitis
Second (Immediate,) ...

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Clemens. D. A. Gisler M. D.
Medical Attendant.

Date of Burial, June 23 1875

{ *Undertaker,* ... Address 163 W. Lombard St.
{ *Place of Business,* 178 Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Carey

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* 4 *Months,* *Days.*

Color, Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 238 West St.

Cause of Death, {First (Primary,) Diarrhea

{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R. M. Hall M. D.

Date of Burial, June 22/1876 ~~Medical Attendant~~

{*Undertaker,* S. H. Chase

{*Place of Business* 194 S. Howard St *Address* 246 S. Sharp St.

Attended 4 mo. child of mother who died but did not attend the child

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...cial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3368

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 22 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

Date of Death, June 22. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Henry Smith (Smith)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Dont Know (Penn Street)

Cause of Death, First (Primary,) Gun Shot Wounds

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 23rd 1875

Undertaker, John McCann

Place of Business, No 150 Camden

Dr. Wilkins M. D.
Medical Attendant.

Address 169 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 3369.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

Date of Death, June 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph M. Quinn

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ~~Years,~~ 7 *Months,* ~~Days.~~

Color, ~~White~~ *Sex,* ~~Male~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 47 Stockton alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 47 Stockton alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery John Neff M. D.

Date of Burial, June 23rd Medical Attendant.

Undertaker, Wm. McLeonard

Place of Business, 782 W. Balto st *Address* 558 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...ation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 Months since born

Place of Death, {Give street and number.} 131 Camden St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 23rd.

M. D.
Medical Attendant.

Undertaker, F. R. Foll

Place of Business, 40 S. Harrison *Address* 80 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...uction of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUNE 23 1875 BALTIMORE

Date of Death, 22d of June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Booth (Voseth)

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 10 *Days.*

Color, W. M. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 102 Fremont St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 102 Fremont St

Cause of Death, First (Primary,) (Scarlet fever)

Second (Immediate.) Scarlet fever

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June the 23d

D. W. Hitchman M. D.
Medical Attendant.

Undertaker, Peter Kimmel

Place of Business, 311 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...tion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet S. Cruck

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Vienna New York State

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Clarke's Ship yard L. Point

Cause of Death, { First (Primary,) Burned
Second (Immediate,)

Duration of Last Sickness, 48 hrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 23. 1875.

R. W. Mansfield *M. D.*
Medical Attendant.

{ *Undertaker,* H. A. Dager
{ *Place of Business,* 44 S. Broadway *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3373.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

Date of Death, June 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Howard Carter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, 15 days Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 310 North Bond St

Duration of Residence in the City of Baltimore, from Birth

Place of Death, {Give street and number.} 310 N. Bond St

Cause of Death, First (Primary,) Colon Infantum

Second (Immediate,)

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 23rd 1875

JE Shutte M. D.
Medical Attendant.

Undertaker, Wm. S. Hughes

Place of Business, E. Balto Md *Address* 211 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

Permit No. 33714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23. 1875

Full Name of Deceased. {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Annie Gremell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1. Hennetta st

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 24th 1875

Undertaker, Wm Rowe & Sons

Place of Business, 263 Light St

J. W. Webster M. D.

Medical Attendant.

Address 59. Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 2

3375

Board of Health, City of Baltimore,

Permit No. 3375 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d June 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John East

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 21 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, ever since birth

Place of Death, { Give street and number. } 135 Ridgley St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Road

Date of Burial, June 23th 1875 — 5 o'clk. from City

A. N. Dodge M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, cor Sharp & Cross sts Address 201 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewizen Livingston

~~*Son*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} M

Age, 28 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 198 N Howard St

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Ten Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Country

Date of Burial, 24th June 1875

Undertaker, Hy. W. Jenkins & Son *Address* 189 N Howard St

Place of Business, 16 Light St

Richard McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barrie Barelune

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days.*

Color, white *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 99 Battery Avenue

Cause of Death, First (Primary,) Measles

Second (Immediate,) took Cold

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem James A Steuart M. D.

Date of Burial, June 24th 1875 Medical Attendant

Undertaker, C. H. Krause *Address* Commis of Health & Registrar

Place of Business, 209 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Father John Barelune

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificat

Board of Health, City of Baltimore,

Permit No. 3378.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

Date of Death, June ~~2~~ 19th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Karl Lroh

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number.} N. W. Branch Patapsco River

Cause of Death, First (Primary,)

Second (Immediate.) Accidentally drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, 23 June

Undertaker, John F. Lynch

Place of Business, 265 W. Lombard

Thos. Kelly M. D.

~~Medical Attendant.~~ Coroner

Address Fawn & Exeter Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

From information at Inquest

No. 87

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Regan.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 65 — *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 8 Cathedral st.

Cause of Death, First (Primary,) Hypertrophy of heart.

Second (Immediate,) Dropsy — General debility.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 23d 1875

R. H. Goldsmith — M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front st Address 125 N. Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2381

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Burton Cannon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 21 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 mos - 21 days

Place of Death, {Give street and number.} No 38 th Peter th Baltimore md.

Cause of Death, First (Primary,) ———

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 23° 1875

Undertaker, John Mackin

Place of Business, No 150 Camden st

Pembroke M. Howell M. D.
Medical Attendant.

Address No 203 W. London & st
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isabella Bell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } B City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 32 St Peter

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, 23 June 1875

{ *Undertaker,* Philipp J. Dill

{ *Place of Business,* 183 Columbia St

A. H. Cleaney M. D.
Medical Attendant.

Address 76 Hacket

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca E. Potts

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 3 *Days.*

Color, Col.d *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 171 N. Caroline St

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 171 N. Caroline St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Six days

All the above Information should be furnished by the Physician.

Place of Burial, Northampton County Eastern Shore Virginia

Date of ~~Burial~~, Removal June 23d 75

E. C. Jordan M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Cor Fisquith & Monument st Address 225 Fisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 733)

No. 9353

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} W. K. Fadgu

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 8 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Albany N. Y.

Duration of Residence in the City of Baltimore. 7 mths.

Place of Death, {Give street and number.} cor. Gaugh & Chapel

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) & Spinal Congestion

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. Abram McArdle M. D.

Date of Burial, Sunday June 24th 8 a.m. Medical Attendant.

Undertaker, John Braun *Address*

Place of Business, 39 Gough

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 13811

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3384

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

Date of Death, June 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Jane Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days.* 18

Color, Black *Sex,* Female

~~*Married,* *Single,* *Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 6 Peach alley

Cause of Death, First (Primary,) Dentition

Second (Immediate.) "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 24th 1875

Undertaker, S. H. Chase

Place of Business, 5 Howard St

M. D.

~~Residence and Occupation.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Information by Father Perry Smith

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3385

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

Date of Death, June 22nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie M. Fogle.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~0~~ *Years,* 12 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 78 Jackson Sq. Av.

Cause of Death, {First (Primary,) Cholera ~~Infantum~~. Infantum.
{Second (Immediate,) Convulsions.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 24 1875

{*Undertaker,* R. Hall
{*Place of Business,* Balt near Gallas

G. Glanville Fuck M. D.
Medical Attendant.

Address Balt & Washington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Stevenson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 5 *Months,* ___ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 67 S. Eden St.

Cause of Death, First (Primary,) ___

Second (Immediate,) Cholera infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 24 th.

W. R. Hay M. D.
Medical Attendant.

Undertaker, H. Dipsel

Place of Business, South Bond st 151 Address 195 Boundary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9387

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9387

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margueth Burkard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 *Years,* 1 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ——— Life

Place of Death, { Give street and number. } 27 S. Register

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 23d.

Abram F. Arnold M. D.
Medical Attendant.

Undertaker, W. Dysel

Place of Business, South Bond st 181 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

3388

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3388

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23th of June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Dorothea Ott

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 73 *Years,* 5 *Months,* *Days.*

Color, Wh. Fe *Sex,*

~~*Married, Single,*~~ *Widow* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Teckora Meiningen, Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 46 S Washington

Cause of Death, First (Primary,) Atrophia Hepatis acuta flava

Second (Immediate,) Hydrops, Marasmus

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetry

Date of Burial, June 25 th.

J. Hathieud M. D.
Medical Attendant.

Undertaker, H. Diffenderfel

Place of Business, South Bond st *Address* 245 S. Baltimore st.

151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3389

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE MD

Date of Death, 22 June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Abendschein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 7 Months, 24 Days.

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Canton Avenue 438

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Canton Avenue 438

Cause of Death, First (Primary,) Rhachitis

Second (Immediate,) Dentitio difficilis

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetary

Date of Burial, 23d June 1875

Undertaker, Geo Brechlin

Place of Business, 339 Canton Av

Dr. P. Luckin M. D.
Medical Attendant.

Address 173 Wolfe St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3390

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22d 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Stein

Sex, Male or Female, { Cross out the word not required in this line. }

Age, thirty nine *Years,* ten *Months,* twenty two *Days.*

Color, White — *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life.

Place of Death, { Give street and number. } Balt: 144 Park Ave.

Cause of Death, { First (Primary,) Bright's [illegible] kidney
Second (Immediate,) Uraemia.

Duration of Last Sickness, about five Months —

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery *Wm. H. Smith* M. D.
Medical Attendant.

Date of Burial, June 24

Undertaker, Wm Eilau *Address*

Place of Business, 101 Gouhz

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3391

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

Date of Death, June 22nd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carl Fiedler

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 8 months

Place of Death, { Give street and number. } 84 Sarmento Ave

Cause of Death, { First (Primary,) Dentition / Second (Immediate.) Debility

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery Baltimore

Date of Burial, June 24th 1875

M. D.
Medical Attendant.

{ *Undertaker,* Henry Feast
{ *Place of Business,* 309 East St. No *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2900

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3392

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

Date of Death, 23 June 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Barbara

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 ½ Canal St.

Cause of Death, {First (Primary,) Diarrhoea

{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch *Date of Burial,* June 24 1875

C Hoffmeier M. D.
Medical Attendant.

Undertaker, Henry Hyatt *Address* 57 Asquith St.

Place of Business, 309 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3393

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

Date of Death, June 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Moore

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, [redacted] *Years,* Four *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 46 King Street

Cause of Death, First (Primary,) Cephalic congestion

Second (Immediate,) Convulsions (from Effusion)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sharpt Cemetery

Date of Burial, June 23/875

Undertaker, S M Chase

Place of Business, 194 S Howard st

H Starr M. D.
Medical Attendant.

Address No. 16 E Liberty Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2391

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

Date of Death, June 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emma Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ~~Six~~ *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} 28 Vincent alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lynch Cemetery

Date of Burial, June 23, 1875

Undertaker, J. H. Chase

Place of Business, 198 S Howard st *Address* 432 W Fayette st

J. Shelton Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 3395

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

Date of Death, June 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuel Clisby

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 44 *Years,* — *Months,* — *Days.*

Color, Dark *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Brick Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saint Marys County Md

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} No 81 Seddenhall St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 24th

Undertaker, Samuel W Chase

Place of Business, No 198 South Howard *Address* No 260 South Eutaw

J Shultz *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3396

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23. 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Katie Schmied

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, Fifteen *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Fifteen years.

Place of Death, { Give street and number. } No. 72 Park Avenue

Cause of Death, { First (Primary,) Scrofulous Cachexy
Second (Immediate,) Diffuse cellulitis.

Duration of Last Sickness, About six (6) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, 24 of June 1875

Christopher Johnston M. D.
Medical Attendant.

{ *Undertaker,* Henry Meyer
Place of Business, Howard 45 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE.

Date of Death, June 23rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elonora Bartlett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 23 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 yrs & 23 days

Place of Death, {Give street and number.} 218 E. Lombard

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera infantum

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, June 24

Undertaker, Wm Fry

Place of Business, 54 N. Broadway

Address 198 S. Broadway,

W. R. Hay *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3391

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

Date of Death, June 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lucy Mallison

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Black — *Sex,* Female

Married, Single, Widow or Widower? {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Pinkerton Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, 3 weeks —

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, June 24th 1875

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Rachel King. Refer to the most of diseased child

for Burials).

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3399.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucy Richardson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 53 *Years,* — *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Washerwoman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, 6 years,

Place of Death, { Give street and number. } No 60 Hamstead st Balto

Cause of Death, { First (Primary,) Pericarditis

Second (Immediate,)

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Lamed Cemetery

Date of Burial, June 24th 1875

{ *Undertaker,* John H Locke

Place of Business, 65 S. Bond st

J Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

Date of Death, June 23. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Zell.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 44 *Years,* 1 *Months,* 23 *Days.*

Color, White *Sex,* Male.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Restaurant Keeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 33 W. Pratt St.

Cause of Death, {First (Primary,) Phthisis.
Second (Immediate.)

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery.

Date of Burial, June 24th 1875.

Undertaker, H. M. Jenkins & Son

Place of Business, 16 Light st.

Jno. G. Powell. M. D.
Medical Attendant.

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34111

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

Date of Death, June 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Webster

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Hill st.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Gatto Cemetary

Date of Burial, June 24 1875

Undertaker, Hemstreet & Lemmy

Place of Business, 263 Light st

O. H. Webster M. D.
Medical Attendant.

Address 57 Bunn st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3[illegible]1

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

Date of Death, June 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number.} 256 S. Eutaw Str.

Cause of Death, First (Primary,) Diarrhoea.

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cath. Cemetery

Date of Burial, June 24th

C. Gelbert *M. D.*
Medical Attendant.

Undertaker, [illegible]

Place of Business, 99 S. Wood St. *Address* 102 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1895 BALTIMORE

Date of Death, June 23rd 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Callender

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 214 Cross

Cause of Death, {First (Primary,) Cardinoma Uteri

{Second (Immediate,) Exhaustion & Debility

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 25th 1895

{*Undertaker,* Smith & Denny

{*Place of Business,* 265 Light

Geo. W. Prenser M. D.
Medical Attendant.

Address 114 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3404

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Tilds

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, 50 *Years,* *Months,* *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} No 10 Vincent St,

Cause of Death, First (Primary,) ....

Second (Immediate,) Hemicrania

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, June 24th 1875

Geo. G. Ogle Comm. M. D.
Medical Attendant.

Undertaker, M. H. C. Penn

Place of Business, 414 W. Pratt St *Address* 229 Cary St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 3410

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

Date of Death, June 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Brown

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 77 Cambridge

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) .....

Duration of Last Sickness, 5 days

All the above information must be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Meth. Epis. Cemetery

Date of Burial, June 24. 1875

Jno. Hall M. D.
Medical Attendant.

Undertaker, Wm. A. Sawyer

Place of Business, 924 E. Monument *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3406

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3406 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

Date of Death, June 24 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Deeshan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 352 Madison Avenue

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Collapse

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 26

Undertaker, Jno W. Weaver

Place of Business, [redacted]ette St

A. G. Ridgely M. D.
Medical Attendant.

Address 352 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3110

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1875 BALTIMORE

Date of Death, June 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie L. Shaffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 387 E. Lombard st.

Cause of Death, First, (Primary,) Whooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, new Methodist Ph Road ground

Date of Burial, June 25th 1875

E. P. Ivons M. D.

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Address No. 406 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 BALTIMORE

Date of Death, June 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} U. Leonhardt

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* 4 *Months,* 28 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Leather Currier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. Bavaria

Duration of Residence in the City of Baltimore, 23 years and in U. S. 26 years

Place of Death, {Give street and number.} 207 E. Pratt St.

Cause of Death, First (Primary,) Sarcoma of the uterus. tumor

Second (Immediate,) Insanity

Duration of Last Sickness, More than six months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, June 25th

Undertaker, Henry Sauter

Place of Business, 232 Canton Av.

W. T. Howard, M. D.
Medical Attendant.

Address 181 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3409

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

Date of Death, June 23rd, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martha Ann Hopkins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give street and number.} No 45 E Fayette St.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Dropsy

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, 25th of June

James G. Smithcum M. D.
Medical Attendant.

Undertaker, Thomas J. Hughs *Address* # 55 W Fayette St.

Place of Business, Exeter & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 18 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

3410

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Bell Clayton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 16 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore life

[illegible]tion of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~No~~ 93 Hillen St

Cause of Death, First (Primary,) -

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 25th 1875

O. L. Williams M. D.
Medical Attendant.

Undertaker, Thos J Hughes

Place of Business, 110 E Balt st Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3411

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Conrad Hanickell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 4 2 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Copper Smelter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hesse Cassel - Germany

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number.} Corner Chesapeake & Elliott Sts.

Cause of Death, First (Primary,) Varioloid

Second (Immediate.) ———

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Woodlawn~~ Park

Date of Burial, June 24th 1875

W. E. Moseley M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Dried Herbs *Address* 169 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3412

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE

Date of Death, June 24. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie R. Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 11. *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and number.} 11. Gettings st.

Cause of Death, First (Primary,) Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, June 25 1875

Theodore Dietz M. D. Medical Attendant.

Undertaker, Charles F. Herold *Address* 146 Hanover

Place of Business, 161 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 11113

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

Date of Death, June 23

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Kendler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } B B

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number. } 11 Hospital St

Cause of Death, { First (Primary,) / Second (Immediate,) } Bilious Remittent

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 25th

Undertaker, Adam Heidlemeyer *Address*

Place of Business, 518½ N. Baltimore St.

Saml Gatchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 911

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Henry Frosty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, one Months, Days.

Color, black *Sex,* male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 21 Hanover Lane

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and number.} 21 Hanover Lane

Cause of Death, First (Primary,) Stomatitis. I have been to babies as

Second (Immediate,) I was not called until after the death of the child

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, June 24 76

J. Elsittons M. D.
Medical Attendant.

Undertaker, P. Kimmert.

Place of Business, 311 Mulberry St. *Address* 47 Clark st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3415

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Upshur

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Eleven *Months,* Nineteen *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 174 Mosher St. Baltimore

Cause of Death, {First (Primary,) Foreign Substance in Trachea. Second (Immediate,) Tracheitis, superinduced by Tracheotomy

Duration of Last Sickness, Seven weeks & four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 25th 1875

Oscar Baldwin M. D.
Medical Attendant.

{*Undertaker,* Hughes & Co
Place of Business, 550 W Fayette St} *Address* 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 134)

No. 3416

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

Date of Death, June 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Vansant Hill

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 27 *Years,* 11 *Months,* 11 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, about 2 months

Place of Death, {Give street and number.} N. Washington St. second door north of Saratoga

Cause of Death, First (Primary,) Phthisis pulmonalis,

Second (Immediate.)

Duration of Last Sickness, about 3 years and 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 26. 2 oclock PM

Chas. J. Kreuter M. D.
Medical Attendant.

Undertaker, M. D. Banks

Place of Business, 59 South *Address* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 971

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Walters - Infant of Alice Walters

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, Years, 5 Months, 10 Days.

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 189 Pierce Street

Cause of Death, First (Primary,) Artificial Nursing

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24th 1875

M. D.

~~Medical Attendant.~~

Undertaker, John C. Jordon *Address* Commiss of Health & Registrar

Place of Business, 269 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Anna Roberson - Friend & whose house the mother lived

No.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE MD.

Date of Death, June 22d 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Thomas Barnes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 28 *Years,* *Months,* *Days.*

Color, colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Physician

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Chesapeake City Pa

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, { Give street and number. } 26 Stocton alley

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24th 1875

Undertaker, William N. Dunyee

Place of Business, No 104 East st.

Saml Entelone *M. D.*
Medical Attendant.

Address 582 Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3419

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Prestberry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* 4 *Months,* 17 *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 14 Price's Court

Cause of Death, First (Primary,) Valvular disease of Heart

Second (Immediate.) Syncope

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26th 1875.

Undertaker, William J. Dingle

Place of Business, No 164 East St

D Webster Cattell M. D.
Medical Attendant.

Address 12 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11930

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

Date of Death, June 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Berg

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years.~~ Sev *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 62½ Penn. Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, About 14 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Lafayette~~ Cemetery

Date of Burial, June 23 1875

Undertaker, Parents

Place of Business, No 62½ Penn Ave

Felix Gautier M. D.
Medical Attendant.

Address 148 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special [illegible] of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTER'S OFFICE JUN 23 1875 BALTIMORE

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Brice Hare

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years* 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 153 N Stricker St.

Cause of Death, First (Primary,) Therm. + 80° & Teething

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount Cem.~~ Lutheran W C Van Bibber M. D.

Medical Attendant.

Date of Burial, June 25th 1875

Undertaker, Wright & Co

Place of Business, 530 W Fayette St *Address* 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3 11 0

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 23 June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Ehrenfels

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 9 *Months,* 19 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 Dallas st (north)

Cause of Death, First (Primary,) } Scarlatina

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetry

Date of Burial, June 24th

Hoffman M. D.
Medical Attendant.

Undertaker, Sylv. Diffel

Place of Business, S. Bond st. 151 *Address* 57 Aisquith st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 25 1875 BALTIMORE

Permit No. 3423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th June 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pelagia Roschavsky

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* 8 *Months,* ~~~ *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Posen (Poland) Prussia. six weeks

Duration of Residence in the City of Baltimore, six weeks.

Place of Death, {Give street and number.} Shakespearstreet Nro 5.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera infantum 5 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, 25th June 1875

{*Undertaker* Fr. Cramer / *Place of Business,* No. 219 Canton Avenue}

William Hensel M. D.
Medical Attendant.

Address L. Wolfert. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore will make return... Burials

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip R. White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 3 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No. 94 S. Ann St.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, June 26 A. M.

E. F. Ivons M. D.
Medical Attendant.

Undertaker, Robt Hall

Place of Business, 223 E. Balto.

Address No. 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Babella Hart

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} –

Age, 7 *Years,* 9 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 46 Jackson Square Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem. Chas. H. Thomas M. D.

Medical Attendant.

Date of Burial, June 25th 10 a.m.

Undertaker, Robt. Hall

Place of Business, 233 E. Balto. *Address* 45 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3426

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — — *Years,* 7 *Months,* 24 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Nr. 48 Duncan Alley bet. Orleans & Jefferson

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Friday June 25th

E. P. Ivins M. D.
Medical Attendant.

Undertaker, Peter Brain

Place of Business, 77 Aisquith st. *Address* 406 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3427

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2d 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Klein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} "

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - 28 yrs in U. States

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate.) Peritonitis from perforation

Duration of Last Sickness, about 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem Dec Kunkel M. D.

Date of Burial, June 4th 1895 Medical Attendant.

Undertaker, Henry Hoops *Address* City Hospital

Place of Business, 809 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

... for Burials

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Birdie Elton

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months* & 2 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No 1 South Ann St

Cause of Death, { First (Primary,) / Second (Immediate,) } Diarrhoea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 25. 1895

I. I. Cochrill M. D.
Medical Attendant.

Undertaker, H A Dauer

Place of Business, 744 S. Broadway *Address* 733 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th, 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gracie A. Sheppard

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 4 *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia

Duration of Residence in the City of Baltimore, Two Years

Place of Death, { Give street and number. } No. 363 N. Gay st.

Cause of Death, { First (Primary,) / Second (Immediate,) } Malignant Scarlet Fever

Duration of Last Sickness, Fifteen Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem. Wm H. Clendinen, M. D.

Medical Attendant.

Date of Burial, 25 day of June.

Undertaker, Henry Thyer *Address* No. 93 N. Broadway

Place of Business, No. 106 N. Howard st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3430

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th June 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly ~~Thurston~~

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* ~~Month~~ *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 17 days Md

Duration of Residence in the City of Baltimore, 17 days Md

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J. F. Blair M. D.

Date of Burial, June 25 1875 Medical Attendant.

Undertaker, H. Gould Bro's

Place of Business, 131 Saratoga St *Address* Cor Fusat & Eagle Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3131

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James. C. Thompson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 49 *Years,* — *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and number. } 117 E. Baltimore

Cause of Death, { First (Primary,) Softening of the Brain, 6 mos

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn 6

Date of Burial, June 26

Undertaker, Wm Fry

Place of Business, 54 E. Broadway *Address* 95 E. Baltimore St.

J. H. Hench M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Winkleman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~~~ *Years,* 7 ~ *Months,* ~ ~ ~ *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} No 421 Riceanna St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 25th 1875

{*Undertaker,* Mc. France

{*Place of Business,* No 280 Canton Ave

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 3433

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June - 22 - 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Hartzel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* Eleven *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Division St

Cause of Death, { First (Primary,) Indigestion

{ Second (Immediate,) ____

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park, C

Date of Burial, June 25-75

{ *Undertaker,* John Leights

{ *Place of Business,* Penn Ave

H. J. Sweet M. D.
Medical Attendant.

Address 579 Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3131

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Vogel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, ____ *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ballto City

Duration of Residence in the City of Baltimore, 8 Mo

Place of Death, {Give street and number.} 299 Cross, St.

Cause of Death, First (Primary,) ____ Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 25th

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, Henry Brice

Place of Business, Hanover st & c

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3113

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John & Remegunda Rittrick (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1½ *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ballo City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 Bradfords alley

Cause of Death, {First (Primary,) debility / Second (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem

Date of Burial, June 25th 1875

Jno A Clem M. D.
~~Medical Attendant.~~

{*Undertaker,* Henry Bier
{*Place of Business,* 282 Alice Anne

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Mrs Letterer Midwife

No. 3 1 3

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3436

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT
15
MORE.

CERTIFICATE OF DEATH.

Date of Death, 24th of June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Johnmiller } parents
Hanna Johnmiller }

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 13 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Penn Avenue 226~~ Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Penn Avenue 226

Cause of Death, First (Primary,) Summer complaint

Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 25th of June

H. H. Reinhard M. D.
Medical Attendant.

Undertaker, ~~Dr. Schilling~~

Place of Business, 72 Penn Avenue *Address* H. H. Reinhard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

No. 3113

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Oscar D. Beam

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~ / Male

Age, ~~[illegible]~~ Years, / Months, 1 m Days.

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 52 Hanover St

Cause of Death, { First (Primary,) ~~Inanition~~ Undescribed Fever

{ Second (Immediate,)

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Dr. H. Carey Thomas M. D.

Date of Burial, June 25th Medical Attendant.

Undertaker, W. Merchant

Place of Business, Cor Camden Pacca *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certifi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 209 N. Eareg St

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 209 N. Eareg St

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Chronic Bronchitis & Convulsions

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 25th 1875

Undertaker, A. W. Jenkins & Son

Place of Business, 18 Light St.

Thomas Shearer *M. D.*
Medical Attendant.

Address 97 N. Eareg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Muistaum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 7 Yrs –

Place of Death, {Give street and number.} 253 S. Charles St

Cause of Death, {First (Primary,) Cholera Infantum.
Second (Immediate.)

Duration of Last Sickness, 6 days –

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, June 26th

Undertaker, Thos Kinsella

Place of Business, 213 South Charles St. Address

O A Corbett M. D.
Medical Attendant.

Cor Lee & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3411

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certifi

Board of Health, City of Baltimore,

Permit No. 3414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1870

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Eichelberger Jr. Son

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 8 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 8 Months 14 days.

Place of Death, {Give street and number.} 665 N. Bond St.

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet

Date of Burial, June 26

{*Undertaker,* J B Cook

Place of Business, 707 W. Lexington St

Address 57 So. Conkling St

A. V. Bibb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3111 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin H. Murphy.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 21 *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 629 N. Paca St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Hall Cross

Date of Burial, June 25

Undertaker, ~~H~~ B Cook

Place of Business, 707 W Baltimore *Address* 579 N. Paca St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certifica

Board of Health, City of Baltimore,

Permit No. 3442

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Gregory

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} "

Age, 79 *Years,* " *Months,* " *Days.*

Color, White *S.C,* Female

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 79 years.

Place of Death, {Give street and number.} Baltimore 178 George St-

Cause of Death, First (Primary,) Old age

Second (Immediate,) Acute dysentery-

Duration of Last Sickness, 5 days-

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park Cemt

Date of Burial, June 26th 1875

Edward A. Evans M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Druid Hill Avenue *Address* Corner of Hoffman st and Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 211

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3443,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Hauck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 1 *Months,* 2 *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Jonestown Md

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 52 Stockton

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Jonestown Md C Bruslock M. D.

Date of Burial, June 26th 1875 Medical Attendant.

Undertaker, Mr Jacob Weaver *Address* 237 McCulloh St

Place of Business, Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit (1875)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

No. 311

Board of Health, City of Baltimore,

Permit No. 31454

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 26 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Angelina E. Carr.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 State Street

Cause of Death, {First (Primary,) Brain disease (Dysentery)

{Second (Immediate,) " "

Duration of Last Sickness, 1½ days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26th 1875

Undertaker, Jas Gray

Place of Business, Mulberry St *Address* Commr of Health & Registrar

Samuel Jarrett Steuart M. D.
Attending Physician.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Clara Carr Mother

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund M Saunders

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 25 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 88 Pennsylvania avenue

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26th June

Undertaker, Michael Schilling

Place of Business, No 72 Penna av.

Boston Gatch M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 3446

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Kneeman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Fifteen (15) *Years,* Unknown *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 5-8. Wayne. St

Cause of Death, {First (Primary,) Tuberculosis Pulmonum,
Second (Immediate,) death by asthenia — 5 my care

Duration of Last Sickness, since birth; 3 months indoors, 2 weeks in bed under

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25/1895

Undertaker, W. H. Wade

Place of Business, 1918 Hanover

W. D. Clift M. D.
Medical Attendant.

Address 129 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~April~~ June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Carroll.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, Col'd *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or Country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 306 Montgomery

Cause of Death, {First (Primary,) / Second (Immediate,)} Inanition

Duration of Last Sickness, Seven Days,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25. 1875

Undertaker, S. W. Chase

Place of Business, 158 Howard St

R. J. H. Tall, M. D.
Medical Attendant.

Address 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Ann Shorter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8 Lesters Court

Cause of Death, First (Primary,) ~~Cold~~ Inattention

Second (Immediate,) Asthenia

Duration of Last Sickness, one months

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, June 25 1875

Samuel Glenn M. D.
~~Medical Attendant~~

Undertaker, M. H. C. Perry

Place of Business, 448 N. Paca St *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Alexander Shorter (Father)

[OVER.]

...ts for Burials

No. ...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificat...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ...

Sex, Male or Female, { Cross out the word not required in this line. } ...

Age, ... *Years,* ... *Months,* ... *Days.*

Color, ... *Sex,* ...

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ...

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ...

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } ...

Cause of Death, { First (Primary,) ... Second (Immediate,) ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Catholic Ch

Date of Burial, June 26 1875

M. D.
Medical Attendant.

Undertaker, Henry Sheck

Place of Business, 317 Bond St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert[illegible]

Board of Health, City of Baltimore,

Permit No. 32450

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ann Elizabeth Forman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 90 *Years,* 11 *Months,* 8 *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.} widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Green Village, Franklin Co Pa

Duration of Residence in the City of Baltimore, Nearly 90 years

Place of Death, {Give street and number.} 29 McCullough St

Cause of Death, First (Primary,) Cancer old age

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 26th 95

Jno: E. Clagett M. D.
Medical Attendant.

Undertaker, Jenkins & Sons

Place of Business, Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 19

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

Permit No. 3457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry L. Parrot

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 102 St. Paul

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 26th 75

Dr. Geo. H. Thayer M. D.

Medical Attendant.

Undertaker, John P. Rondenmayer

Place of Business, 102 E. Monument Address 16 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3911

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3452,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles E. White.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* *Months,* 2 *Days.* 8

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 2 mos. 8 das.

Place of Death, { Give street and number. } No. 226 Drew St.

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Odd Fellows C. S. Mahon M. D.

Medical Attendant.

Date of Burial, June 26th 75

Undertaker, Wm. H. Feihman *Address* 138 Eyler.

Place of Business, 2341. Ing St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...the returns of all Permits for Burials ... week.

No. 3211

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

Permit No. 3453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Ballard

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} # 7 Peach Alley

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) "

Duration of Last Sickness, Unknown

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25th 1875

Undertaker, Jno B. Williams

Place of Business, 107 Lee St

Address Commrs of Healt & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John B. Williams Undertaker

Sexton of Cemeteries in City of Baltimore will make returns of all Permits for Burials

No. 211

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 1875 BALTIMORE

Permit No. 34574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecka Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, *Years,* 5 *Months,* 28 *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U S. Same both

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} 15 Bolden Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) 18 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hair St ground

Date of Burial, June 25th 1875

W W Autim M. D.
Medical Attendant.

Undertaker, John C. Gordon *Address* 192 Pearl St

Place of Business, 63 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

Permit No. 3455

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hesh Matthews

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, Mulk *Sex,*

Married, ~~*Single, Widow, Widower.*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot co,

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number. } 115 S. Dallas.

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, ~~Druid Hill Cemetery~~ Dallas St Burial

Date of Burial, June 25th 1875

Undertaker, William McDonger

Place of Business, the 104 East St.

E. B. Mansfield M. D.
Medical Attendant.

Address 119 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

3456

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 25 1875

Permit No. 3456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alphons Schundorf

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* 13 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 51 Valley St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Alexanders

Date of Burial, 26 of June

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, H Borgmann

Place of Business, Bay St 45 *Address* 174 E. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 21 1915 BALTIMORE

Permit No. 3157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st, 1915

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Hopkins Hill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* 10 *Months,* 29 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} 20 Bennett Pl.

Cause of Death, First (Primary,) —

Second (Immediate,) Diarrhoea

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, St Bernard Cemetery *Date of Burial,* June 25th 1915

Undertaker, H. H. Gibmeyer *Place of Business,* 341 Eastern Av.

G. Lawson Hall, M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Hunn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 415 Pratt St Balto

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 415 Pratt St

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 26 1875

Undertaker, J B Crook

Place of Business, 707 W Baltimore St Address

A Neil Entaline, *M. D.*
Medical Attendant.

732 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. .....

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 25 1895 BALTIMORE.

Permit No. 3459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } infant } Parents Jas B. Trimble & Anne E. Trimble

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, ——— *Years,* — *Months,* One hour *Days*

Color, White — *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 416 E. Fayette St

Cause of Death, { First (Primary,) — Thrombosis — Second (Immediate,) — do

Duration of Last Sickness, One hour —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery — W A Adams — *M. D.*

Date of Burial, June 25th 95 — Medical Attendant.

Undertaker, Wm Fry

Place of Business, 54. N Broadway — *Address* 86. E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Simon Peter & Paulina Meisenhalder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, *Years,* *Months,* 2 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 92 N. Washington st. Balto. City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 92. N. Washington st.

Cause of Death, {First (Primary,) Cyanosis / Second (Immediate,)

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. Pierre G. Dausch M. D.

Medical Attendant.

Date of Burial, Saturd. June 26/75

Undertaker, John Braun

Place of Business, 77 S. Wolfe st. *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

REGISTRAR'S DEPARTMENT JUN 25 1875 BALTIMORE

Permit No. 3461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23 = 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs George Dexter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 *Years,* *Months,* 10 months *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, unknown

Place of Death, { Give street and number. } No 30 East St

Cause of Death, { First (Primary,) Disease of Mouth and Throat / Second (Immediate,) May say Anaemia

Duration of Last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, Asbury M. E. Green Mount

Date of Burial, June 25th 1875

Brantley Jones M. D.
Medical Attendant.

{ *Undertaker,* William A. Dunge
{ *Place of Business,* No 104 East St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 3111

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3462

JUN 25 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peggy Lewis

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, about Eight, *Years,* *Months,* *Days.

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Cook,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Essex County Va,

Duration of Residence in the City of Baltimore, Eighteen Months

Place of Death, { Give street and number. } No. 1 Gorsuch St,

Cause of Death, { First (Primary,) } old age

{ Second (Immediate,) } do,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25th 1875

Lindley Ellicott M. D.
~~Medical Attendant.~~

{ *Undertaker,* Jas. L. Chalmers
{ *Place of Business,* Penn Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3116.3

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1875 BALTIMORE.

Permit No. 3463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28 June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm Stanley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~5~~ *Years,* 8 Mth *Months,* *Days.*

Color, W *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} " "

Occupation, " "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 74 St Paul's

Duration of Residence in the City of Baltimore, 8 mth

Place of Death, {Give street and number.} 74 St Paul's

Cause of Death, First (Primary,) thel infl

Second (Immediate,)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount Cemetery~~ Balt Cemetery

Date of Burial, June 26th

Undertaker, John H Weaver

Place of Business, 122 W. Fayette St *Address*

C H Patterson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24644

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary ~~Hunt~~ Punte

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 270 Orleans St.

Cause of Death, First (Primary,) Cancer of the breast.

Second (Immediate.)

Duration of Last Sickness, 7 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem. Abram H. Funck M. D.

Date of Burial, June 26 1875 Medical Attendant.

Undertaker, A. Kehler

Place of Business, 24 & Monb. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Christina Weiss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 0 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 14 Hanover Str

Cause of Death, First (Primary,) Measles

Second (Immediate,) Dysenterie

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 26

Undertaker, C. H. Rossiter

Place of Business, 136 E. Fayette

L. Weil M. D.
Medical Attendant.

Address 102 S. Bond Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...sicians in City of Baltimore will make returns of all Permits for Burials

No. 1776.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3466.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Wolf

Sex, Male or Female, { Cross out the word not required in this line. } ---

Age, *Years,* 5 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 131 S. Eden St.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 113 S. Eden St.

Cause of Death, { First (Primary,) Cholera Infantum
{ Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem'y

Date of Burial, June 26 th.

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, W. Gifford

Place of Business, 1 Bond st. 151 *Address* 117 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3467

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Gertrude Nuetai

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 11 *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 11 mo's 19 days

Place of Death, {Give street and number.} No 351 North Gay St Balt. Md.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum.

Duration of Last Sickness, 36 36 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem. Edwd. W. Hewett M. D.

Date of Burial, 26th June 75 Medical Attendant.

Undertaker, Hy. M. Deutkins & Son *Address* No. 263 W. Lombard St.

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

Date of Death, Sunday June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ervin Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 6 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 45th Frances Court

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) —

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. Wolcott M. D.

Date of Burial, June 26th Medical Attendant.

Undertaker, Mr Robertson *Address* 5 N Calvert St

Place of Business, 38 Lexington Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1875

Date of Death, June 23rd 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mathilda M. Small.

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 52 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married.

Occupation, Wife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 34 N. Eden St.

Cause of Death, First (Primary,) Erysipelas.

Second (Immediate,)

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 27th 1875

Undertaker, Jno H. Weaver

Place of Business, Fayette St

[redacted] M. D.

Medical Attendant.

Address 133 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3470

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Howard Hudson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since its Birth

Place of Death, {Give street and number.} 96. Johnson St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Sherard Cook M. D.

Medical Attendant.

Date of Burial, June 26 1875

Undertaker, Charles F. Kendall *Address* 146 Hanover St

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 34171

Board of Health, City of Baltimore,

Permit No. 34171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE MD.

Date of Death, June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Harvey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days.*

Color, Col *Sex,* _____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} _____

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} US

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 43 Sharp St Bs

Cause of Death, First (Primary,) Consumption

Second (Immediate.) Last visit

Duration of Last Sickness, Last visit

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 28 1875

Undertaker, Jos. L. Jordon

Place of Business, No 63 Park Av. *Address* 192 Pearl St

W. W. Autun M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 3472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Eight *Months,* *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Eight Months

Place of Death, {Give street and number.} No. 27 Carlton Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26 1875

Undertaker, John C. Jordan

Place of Business, 63 Park Ave

Chas. H. Duff M.D.
Medical Attendant

Address 306 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ce for Burials. No. 3473

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3473,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Kidd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 358 Franklin St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) twenty four hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bethany Cemetery

Date of Burial, June 26/75

Undertaker, Thos Tracy & Son

Place of Business, 263 Light St

Thos B Symington M. D.
Medical Attendant.

Address 210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Tebbetts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* Ten *Months,* Two *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} cor of Harlem Ave & Carrollton

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 26th 1875

Undertaker, Jacob Weaver

Place of Business, No 496 David Hill Ave

Thomas S Waters M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...for Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3475

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David Milton Leonard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ___ *Years,* ___ *Months,* ___ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt City Pop[illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number. } [illegible]

Cause of Death, { First (Primary,) [illegible] Second (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 26th 1875

Undertaker, Wm. M. Leonard

Place of Business, 782 W. Baltimore St. *Address*

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 2[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

Date of Death, June 25th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Elizabeth Barclay.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White, *Sex,*

Married, ~~Single,~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} 284 McHenry st,

Cause of Death, {First (Primary,) Second (Immediate.)} Cerebral Paralysis, 3 years,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 27. 1875

Undertaker, Wm. M. Leonard

Place of Business, 782 W. Baltimore Address City

John. L. Keyser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ate for Burials

No. 3177

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

Date of Death, June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Evans

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 79 Jefferson Street

Cause of Death, First (Primary,) Summer Complaint.

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James H Stewart M. D.

Date of Burial, June 26th 1875

Undertaker, W R Dunger

Place of Business, East St *Address* Commiss of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by W. M. Dunger Undertaker

Cemeteries in City of Baltimore — Burials

No. 3478

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

Date of Death, June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George. William & [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, seven *Years,* ten *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, — all his life

Place of Death, {Give street and number.} 363. S. Eutaw Str —

Cause of Death, First (Primary,) Scarlet Fever —

Second (Immediate,) & convulsions

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem — C. D. Thorne, *M. D.*

Date of Burial, June 27th 75 Medical Attendant.

Undertaker, Phil: Seewald.

Place of Business, Eutaw Post — *Address* 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

N. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. Kaiser

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ___ *Years,* 3. *Months,* " *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} Baltimore, Cor Sticka & Franklin

Cause of Death, { First (Primary,) Hamilton

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 27. 1875

Undertaker, McDonald Bros

Place of Business, Saratoga, St — *Address*

Edward A. Mann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3050

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

Date of Death, June 24. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Johns

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Five *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and number.} 258 E. Biddle St.

Cause of Death, {First (Primary,) Entritis

{Second (Immediate,)

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery S. C. Ireland M. D.

Date of Burial, June 26th 1875 Medical Attendant.

Undertaker, D. H. Sheehan

Place of Business, 234 W. Bay St. *Address* 178 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

For Burials 1879.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1879 BALTIMORE

Date of Death, June 26th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Miller

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Seven~~ *Years,* Seven *Months,* " *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. } "

Occupation, "

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Seven Month

Place of Death, { Give street and number. } Pierce St. Baltimore

Cause of Death, First (Primary,) Teething.

Second (Immediate,) Brain Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Asylums Comm. Edward A. Mann M. D.

Date of Burial, June 27th Medical Attendant.

Undertaker, L. P. Kinnard.

Place of Business, 311 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Kapfer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 8 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 17 mos 8 days

Place of Death, {Give street and number.} 116 Central ave

Cause of Death, First (Primary,) ~~Fever~~

Second (Immediate.) Cholera Infantum 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, 26 June

Undertaker, H. Hofmann

Place of Business, 62 N Eden St.

A. Worner *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3483

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3483,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE.

Date of Death, June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarina Howard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Cross alley

Cause of Death, {First (Primary,) Disease of Brain

{Second (Immediate,) " "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James H Stewart M. D.

Date of Burial, June 27th 1875 Medical Attendant.

Undertaker, Wm Jas Gray

Place of Business, 65 Mulberry st

Address Comm'rs of Health

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Frances Howard mother

NO. 3 4 8 5 4

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34854

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

Date of Death, June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First (Primary,) Cancer of uterus

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, June 26/75

Undertaker, Hughes & Co

Place of Business, 60 S Broadway

Louis Fawcett M. D.
Medical Attendant.

Address 93 Washington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

... for Burials ... J.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3185,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

Date of Death, June 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary Margaret Schelar

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, — *Years,* Nine *Months,* Nine *Days.*

Color, White *Sex,* Female

~~Married Single Widow or Widower~~, { Cross out the words not required in this line. }

~~Occupation~~,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Nine Months & 9 days

Place of Death, { Give street and number. } No 176 Ann St

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, — 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Church Cemetery

Date of Burial, June 27th 1875

{ *Undertaker,* Henry Bein

Place of Business, No 252 Alicanna St

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3486,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John & Catherine Saunder (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 3 hours *Days.*

Color, white *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Lancaster Street

Cause of Death, First (Primary,) debility

Second (Immediate,) asthenia

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemty James H Steuart M. D.

Date of Burial, June 26th 1875 ~~Medical Attendant~~,

Undertaker, Henry Beisz

Place of Business, 252 Aliceanna St Address Commr of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Mrs C. Brendel Midwife

...ll make returns of all Permits for Burials

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 3487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Shaf

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, Years, 9 Months, 29 Days.

Color, Color? Sex,

Married, Single, Widow or Widower? {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 3 Gildham Alley

Cause of Death, First (Primary,) Enteritis - Diarrhoea

Second (Immediate,) Prostration

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaf's 1st Bg. J. Gorsuch M. D.

Medical Attendant.

Date of Burial, June 26

Undertaker, Saml Chase

Place of Business, Hill & Howard Address 415 Shaf's Lt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of C

No.

The Special Attention of Physicians is respectfully ... marks below. and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

Permit No. 3488

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anna Prosser

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* 9 *Days.*

Color, white *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7. Slemmers Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemy

Date of Burial, June 27 1875

James L. Kemp M. D.

Undertaker, John L. Lancaster

Place of Business, E. Pratt St.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Prosser Father

[OVER.

...Cemeteries in City of Baltimore will mak... of all Permits for Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry Gilbert

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ____ *Years,* 3 *Months,* 7 *Days.*

Color, Black *Sex,* male

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltd City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 35 Hill Street

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pollen Field

Date of Burial, June 26 1875

{ *Undertaker,* M. H. C. Perry
Place of Business, 144 & Pratt St

James A Stewart M. D.
Medical Attendant

Address Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Mary Johnson (Mother)

Keepers of Cemeteries in City of Baltimore will make ret... for Burials

No. 1110

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Darling Hupp

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, white *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 N Jefferson Street

Cause of Death, { First (Primary,) Dentition,
Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 27th 1875

James H Kenard M. D.
~~Medical Attendant~~

{ *Undertaker,* Geo C. Rodenmeyer
Place of Business, Union St

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Father

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

Date of Death, June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Natalie Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Ann Arb City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Manford Ave Bath Ct

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 27th 1875

Undertaker, Henry W Mears

Place of Business, 64 N Frey St

John F Timmerman M. D.
Medical Attendant.

Address S.W. cor Calvert Mears

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

Date of Death, June 26. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gertrude - Townsley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years,~~ about ~~Months,~~ 3 weeks ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } unknown

Duration of Residence in the ~~City of Baltimore~~ Institution 1 week

Place of Death, { Give street and number. } St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 28. 1875.

Undertaker, Jas. L. Chalmers

Place of Business, 262 Penn[a] Ave

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4792

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Simmons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* ——— *Days.*

Color, Black *Sex,* male

~~*Married, Single,* Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queens Anne Md

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 33 Stockholm St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) "

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24 1875

Undertaker, Saml H. Chase

Place of Business, 5 Howard St

James H. Steuart M. D.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Mary Jane Simmons (Mother)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 31911

Board of Health, City of Baltimore,

Permit No. 3494

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

Date of Death, 25 June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Antonie Wenerich

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 372 Lightst.

Cause of Death, {First (Primary,) / Second (Immediate,)} Catarrhus vesicae et ileo Colitis.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 27 1875

Undertaker, [illegible]

Place of Business, [illegible] *Address* [illegible]

Hattmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 3193

Board of Health, City of Baltimore,

Permit No. 3193

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy Shamel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.o City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 423 North Carey St.

Cause of Death, First (Primary,) Encephalitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Loudenslak

Date of Burial, 28 June 1895

James Shamel M. D.

~~Nurse or Attendant.~~

Undertaker, R. A. Bevan

Place of Business, 231 Balt.o St *Address* Carey Hunter

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Undertaker

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3496

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

Date of Death, June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Wittman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 ~~2~~ *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 7 Forrest st Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 Forrest st

Cause of Death, {First (Primary,) Found dead by Physician
Second (Immediate.) Said to have died in a Spasm

Duration of Last Sickness, about 12 hrs (so stated)

All the above information should be furnished by the Physician.

Place of Burial, Westerne Cemetery

Date of Burial, June 24th 1875

Geo H Daw M. D.
Medical Attendant.

{*Undertaker,* John P Conley
{*Place of Business,* No 66 Frederick Ave *Address* 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers of Cemeteries in City of Baltimore —

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3497

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

Date of Death, June 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Byers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Forty Eight *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sykesville Howard Co —

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, {Give street and number.} Harmony Lane 122

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Two Years & Three Months

All the above Information should be furnished by the Physician.

Place of Burial, Sharpe St Burying Ground

Date of Burial, June 24th inst

A. D. Chenby *M. D.*
Medical Attendant.

Undertaker, Wm. F. Gray

Place of Business, Mulberry St —

Address 144 Carey St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseas... back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

Date of Death, June 26 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta Barnes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ... *Days.*

Color, Colored *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 53 Oxford St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Cerebral Complications

Duration of Last Sickness, about 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th 1875

D. E. Atkinson M. D.
Medical Attendant.

Undertaker, Wm F. Gray

Place of Business, 65 Mulberry St *Address* 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

mit No. 3499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* o the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or r, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

e of Death, June 25th 1875

Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Rurvine

~~Male~~ or Female, {Cross out the word not required in this line.} Female

95 Years, ___ Months, ___ Days.

, Black Sex, Female

~~ied~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

pation,

place, {State or country (and how long in the United States, if of foreign birth.} Maryland

ation of Residence in the City of Baltimore, 40 Years

ce of Death, {Give street and number.} No 1 Concord

use of Death, {First (Primary,) Old age / Second (Immediate,) 1 weeks

ration of Last Sickness,

All the above information should be furnished by the Physician.

lace of Burial, Old cathedral, Cemetery. O S. Mahon M. D.

ate of Burial, June 27th 1875 Medical Attendant.

Undertaker, Dr. J. Fox

Place of Business, 65 Whitley st Address 138 North Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

ECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person , and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

3570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...n who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...taker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

...Death, June 25 1893

...ame of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Homer F. Limerick

...Male or Female, {Cross out the word not required in this line.} Male

3 Years, Months, 11 Days.

...r, Sex,

...rried, Single, Widow or Widower, {Cross out the words not required in this line.}

...upation,

...rthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

...Duration of Residence in the City of Baltimore,

...Place of Death, {Give street and number.} 23 N. Mount St.

...ause of Death, {First (Primary,) Measles. Malignant} {Second (Immediate,) Cerebro Spinal Meningitis}

...Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

...lace of Burial, Cathedral Cemetery

...ate of Burial, 26 inst

...Undertaker, J. B. Blackistonson

...Place of Business, 606 west Balt St

...A. H. Smith M. D.
Medical Attendant.

545 Lexington

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ...ithin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...tting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials

No. 3 [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Reed

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* Seventeen *Days,*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 30 Vincent St Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 Vincent St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate.) one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 27th 1875

Sml Entebee M. D.

Medical Attendant.

{*Undertaker,* J. B. Cook

{*Place of Business,* 797 Balto St *Address* 532 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Keepers of Cemeteries in City of Ba...

No. 331

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Virginia Hosmer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* Eight *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Eight Months

Place of Death, {Give street and number.} — Mount Street

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 26

{*Undertaker,* P B Cook
Place of Business, Balto

Chas. H. Neff M. D.
Medical Attendant.

Address 306 N. Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michal Gallar

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* Three *Months,* ~~ *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} No 397 Alicanna st.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Twelve Hours

All the above information should be furnished by the Physician.

Place of Burial, M. Stephens Cimitery

Date of Burial, June 27th 1875

Undertaker, H. M. Gilmore

Place of Business, 341 Canton Ave.

Thomas G. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians & Keepers of Cemeteries is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Annie Wilson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Cancer of Uterus (Epithelioma)

Second (Immediate,) Exhaustion from Diarrhoea

Duration of Last Sickness, about 4 or 5 years

All the above information should be furnished by the Physician.

Place of Burial, St Mary's

Date of Burial, June 26th 1895

Undertaker, Henry Stock *Address* St Josephs Hospital

Place of Business, 3 & 5 Eutaw St.

Oscar Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries will make returns of all Permits for Burials to the Office

No. 3505

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3505.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Reinig

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 66 Eutaw St

Cause of Death, First (Primary,) Premature birth. —

Second (Immediate,) Marasmus —

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, June 27 1875

Wm Pittwood M. D.
Medical Attendant.

{*Undertaker,* Chas Rossing
Place of Business, E Fayette Address 197 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers' of Cemeteries in City of ... for Burials

No. 3776

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant of Wm & Jane Dobson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* one hour *Days.*

Color, white *Sex,* Male

~~*Married,*~~ ~~*Single,*~~ ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, one hour

Place of Death, { Give street and number. } 108 N Jefferson St

Cause of Death, { First (Primary,) " / Second (Immediate,) Convulsions

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 27th 1875

M. D. [redacted]

Undertaker, Chas Rossing

Place of Business, E. Fayette St *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Mrs Mary Walter Midwife

Keepers of Cemeteries in City of Baltimore will make return [illegible] Permits for Burials

No. 3507

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Chaddock

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 ~~Years,~~ 3 *Months,* 19 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 Boyle Ct.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 15 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 29th 1873

Undertaker, Chas F. Herold

Place of Business, 161 Aisquith St

Address [illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore — Sexton

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Henry Miller (infant)

~~*Sex*~~, *Male or* ~~*Female*~~, { Cross out the word not required in this line. }

Age, ~~*Years*~~, Seven *Months,* ~~*Days*~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Cor Granby & Albemarle Sts

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) }

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 28 June 1875 R J Hess M. D.

Medical Attendant.

Undertaker, Geo Shilling

Place of Business, 212 Monument St *Address* 52 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Morris Bennett Swaim,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 173 Carrollton Avenue,

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate,)

Duration of Last Sickness, 48 hours,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, June 27th 1875

C. A. Jones, M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 286 Druid Hill Avenue

Address 530 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keeper of Cemetery in City of Bal... make returns of ... for Burials

No. 3370

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

Date of Death, 25th June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel a. Piper

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Supposed to be 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Staunton Va

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 202 Franklin St.

Cause of Death, First (Primary,) Cirrhosis of liver

Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J. H. Butler M. D.

Date of Burial, June 27th 1875 Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave *Address* 144 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3571

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Seymour Speath

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 years (16) *Years,* *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 406 Port Lem 5

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Phthisis

Second (Immediate.) City Hospital

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, June 28th 1875

Undertaker, Henry Woods

Place of Business, 209 Cook St.

J. H. Grimes *M. D.*
Medical Attendant.

Address 181 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Cemeteries in City of Baltimore

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3513

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace E Hoofty

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~2 Months~~ *Years,* 7 *Months,* 4 17 *Days.*

Color, *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 106 Mulberry St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, nearly a week

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 29th

Undertaker, H. Renwick Son

Place of Business, 92 St. Howard's *Address*

Elias C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Cemeteries in City of Baltimore will make returns of all Permits for I...

No. 3573

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRY DEPARTMENT JUN 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Randolph Guion

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since his birth

Place of Death, {Give street and number.} 29 Hayes St

Cause of Death, {First (Primary,) The Cause of death unknown

{Second (Immediate,) He had been failing badly for

Duration of Last Sickness, Several days Complaining of Debility Sick Stomach. When I arrived

All the above information should be furnished by the Physician. He was dead.

Place of Burial, St. Patricks Cem

Date of Burial, June 27 - 1875 Thos Ford Cook M. D.

Medical Attendant.

Undertaker, Wm. A. Langer

Place of Business, 74 S. Broadway *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...s of all Permits for Burials

3514

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3514

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 28 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Bush

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ... *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 95 Hargrove Al

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ...

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th

A. Darling M. D.
Medical Attendant.

Undertaker, Wm. J. Gray

Place of Business, Mulberry Street *Address* 113 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 251

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3515

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1875 BALTIMORE

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 182 Columbia Ave

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 29th 1875

Undertaker, John Meaher,

Place of Business, No 152 Cameron St, *Address* 76 State

A. H. Bunn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3516

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Jonas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* + *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Soapboiler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 4 weeks in the Hospital

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 27 at 6 P.M. o'clock

C. Edstein, *M. D.*
Medical Attendant.

Undertaker, Richard Hall

Place of Business, 233 E. Baltimore *Address* 137 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 331

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th June 1875. 3 o clock afternoon

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stanislaus Philopovsky

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ~~~~ *Years,* 4 *Months,* ~~~~ *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~~~

Occupation, ~~~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during life since

Place of Death, { Give street and number. } S. Ann Street 290

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera infantum

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetry

Date of Burial, 28th June 1875

Undertaker, Fr. Cramer

Place of Business, No 219 Canton Avenue

William Henkel M. D.

Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3518

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

3518

Permit No.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Sidney Bradford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 26 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 38 Hanover St

Cause of Death, { First (Primary,) Cholera Infantum

{ Second (Immediate,) Ex Lastus

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, June 27th 1875

{ *Undertaker,*

{ *Place of Business,*

R. W. Dodge M. D.

Medical Attendant.

Address 201 Hanover St Baltimore Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3519

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred Henry Pickard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* 3 *Months,* 4 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 8 St. D. Corner Eutaw & Lanvale

Cause of Death, First (Primary,) Cerebro Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, two (2) days

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, June 28th 1875

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address*

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 25th June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Flora Emerich

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, *Years,* 0 *Months,* 4 *Days.*

Color, — White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 268 Lexington St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 268 Lexington St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate.) Effusion on the Brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Ebe. Cong. Lot 27 J. H. Butler M. D.

Date of Burial, June 27. (Comly) Medical Attendant.

{ *Undertaker,* P. Kinnard. *Address* 144 Mulberry St.
{ *Place of Business,* 317 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3521.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 June Casper Winter

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Casper Winter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 5 *Months,* ~~=~~ 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 128 Somerset St.

Cause of Death, {First (Primary,) Sunstroke

{Second (Immediate,)

Duration of Last Sickness, 3 hours —

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cem Jm B. Boyle *M. D.*

Date of Burial, June 27 1875 Medical Attendant.

Undertaker, Henry Frost *Address* 194 E. Eager St.

Place of Business, 369 Ea Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

Permit No. 3512

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Wisher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* 3 *Months,* [illegible] *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.o City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 915 E Lombard St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 29 1875

James F Kemp M. D.
Medical Attendant.

Undertaker, A Kaker

Place of Business, 724 E Lombard St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Information from Undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 3523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Dating Life

Place of Death, {Give street and number.} 39 N. Bond near Aisquith

Cause of Death, First (Primary,) Conf. de Sobel

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 27th 1875

Asbl. Gotham M. D.
Medical Attendant.

Undertaker, Ely Thacher

Place of Business, No 151 Lombard *Address* 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 3591

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regina Stadtheim

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Years, 8 Months, 6 Days.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 52 McElderry extended

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate.) Exhaustion

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem.

Date of Burial, 27th June 1875

G. Liebmann M. D.
Medical Attendant.

{ *Undertaker,* A. Fuller
{ *Place of Business,* 1576 Lombard st, *Address* 58 N. Front st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella A. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* two *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Moore Alley.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th 1875.

{*Undertaker,* John. C. Jordan *Address*
{*Place of Business,* 62 Park Ave

J. H. Keller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ...

...ecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 5526

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Catharine Gideons

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ... *Years* ... *Months,* 11 *Days.*

Color, Black *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life!

Place of Death, {Give street and number.} 119 Chesnut St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) ...

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, East Baltimore James Steuart, M. D.

Date of Burial, June 27 1875 Medical Attendant.

Undertaker, Wm Donovan

Place of Business, 6 Banks St *Address* Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Edw Giddons

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3527

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Rosin

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} 7. Walnut Alley.

Cause of Death, {First (Primary,) / Second (Immediate,)} Gangrene of the Lungs.

Duration of Last Sickness, four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27 1875

Frank Gunon M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 192 S. Howard *Address* 57. N. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry A. Oliver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Public Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Reisterstown Md.

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 71 Perry st.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R. M. Hall M. D.

Date of Burial, June 27/1875 Medical Attendant.

Undertaker, D. M. Chase

Place of Business, 98 S Howard St *Address* 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 3529

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, 2 Days.

Color, col Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life.

Place of Death, {Give street and number.} 7 Howard's Court

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Meningitis

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Glover Cemetery

Date of Burial, June 28. 1875

A. M. Colburn M. D.
Medical Attendant.

Undertaker, S. M. Chase

Place of Business, 194 S. Howard St *Address* 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 3530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Lydia Ann Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ Five Months, twenty four Days.

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 27 Vincent St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, Fourteen days"

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Date of Burial* June 28. 1875

Thomas Opie M. D.
Medical Attendant.

Undertaker, J. M. Chase

Place of Business, 190 d Howard st *Address* 39 & W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

No.

Board of Health, City of Baltimore,

Permit No. 3531

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Franklin Hooper

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* *Months,* *Days.*

Color, Dark *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wayne Co Ills

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Preston & Hoy

Cause of Death, First (Primary,) Teething

Second (Immediate,)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28. 1875

Undertaker, S M Chase

Place of Business, 198 S. Howard St *Address* 1126 S. Eutaw St

I Skelly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

3332

Permit No. 3332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Highland Cordery

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — —

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, — — —

Place of Death, {Give street and number.} No 119 Hamburg, St

Cause of Death, First (Primary,) Cholera, Infantum

Second (Immediate,) —

Duration of Last Sickness, Fever, Day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 27th 1875

Undertaker, Armstrong & Gray

Place of Business, 263 Light St

H. B. Noble M. D.
Medical Attendant.

Address 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

Permit No. 1533.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE JUL 2 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Boston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Widower

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.o City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 8 Goulds Lane

Cause of Death, { First (Primary,) Sun Stroke
Second (Immediate,)

Duration of Last Sickness, immediate

All the above information should be furnished by the Physician.

Place of Burial, Mount St Mary *James Stewart M. D.*

Date of Burial, June 27 1875 Medical Attendant.

Undertaker, J B Williams

Place of Business, 107 Lee St *Address* Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from J B Williams

...ntion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore.

Permit No. 35311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE JUN 27 1895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday June 27th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mellis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* — 1 *Months,* — — *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} Church Home & Infirmary N. Broadway

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 28 1895

Frank D Glavin M. D.
Medical Attendant.

{*Undertaker,* Jas P Byrne
Place of Business, 59 N Fremont St} *Address* Church Home & Infy N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 15731

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } John Adam Litt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 64 *Years,* 1 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Jugenheim

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 226 E Columbia Av.

Cause of Death, { First (Primary,) Inflammation of liver

Second (Immediate,)

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. County *C. A. Johnson* M. D.

Date of Burial, June 28 1895 Medical Attendant.

Undertaker, Andrew Knull

Place of Business, 211 Columbia Av. *Address* 177 Conway St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 3536.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Eliz. Elizabeth Jenkins

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 26 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Wife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Jefferson, Frederick Co. Md.

Duration of Residence in the City of Baltimore, About 2½ years

Place of Death, { Give street and number. } 16 E. Eight st.

Cause of Death, { First (Primary,) Septicemia 2d Day

Second (Immediate.) Phlebitis

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 28th 1875

Undertaker, J. W. Jenkins & Son

Place of Business, 16 Eight st. *Address* [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...l of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3337.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William August Gammer

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 4 *Years,* 2 *Months,* 6 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Co. Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 5-2 Portland

Cause of Death, First (Primary,) ...

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, June 27 1875

Undertaker, Jacob Gerneroth

Place of Business, 244 Lexington St Address 76 Paca St

A. H. Harvey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Evaldna —

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Six *Months,* ... *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Six months.

Place of Death, {Give street and number.} Home of Friendless Christian Association

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) "

Duration of Last Sickness, 24 hours —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery W. G. Harrison M. D.

Date of Burial, June 27th 1875 Medical Attendant.

{ *Undertaker,* Jacob Weaver
{ *Place of Business,* No 496 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 3539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob M Layer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 3 *Months,* 21 *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Dairyman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chester Co. Pa.

Duration of Residence in the City of Baltimore, About 2 years at different times

Place of Death, {Give street and number.} Mount Hope North Ave.

Cause of Death, First (Primary,) Purpura hemorrhagica

Second (Immediate,)

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29th 1875

Dr H Reich M. D.

Medical Attendant.

Undertaker, Geo. Schilling,

Place of Business, Cor Fairy mt & Monument St Address Waverly Balt Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

Permit No. 3340 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moritz Brown

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number.} 309 W. Balto St.

Cause of Death, First (Primary,) Cancer Stomach

Second (Immediate,)

Duration of Last Sickness, About 10 months

All the above Information should be furnished by the Physician.

Place of Burial, Harsinia Cemetery H. Lemmi's M. D.

Date of Burial, June 29th 1875. Medical Attendant.

Undertaker, A. Weidemeyer

Place of Business, 578½ W. Baltimore St. *Address* 148 Mulberry St. Corner Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3574/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

Date of Death, June 27th 5 Ann 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Koons

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, — *Years,* 6 — *Months,* 21 — *Days.*

Color, White *Sex,* — male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 31 Eastern Ave —

Cause of Death, { First (Primary,) Dentition

{ Second (Immediate,) Convulsions —

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel City — C. D. Dohme *M. D.*

Date of Burial, June 28th 75 Medical Attendant.

Undertaker, E. Eckhart

Place of Business, 269 Canton Ave *Address* Ale 2 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 35242 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Fitch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Two *Months,* ____ *Days.*

Color, White *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 189 E. Lombard St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Camp Chapel Baltimore Co

Date of Burial, June 28th

Geo. W. Simpson M. D.
Medical Attendant.

Undertaker, Wm Fry

Place of Business, 64 N. Broadway *Address* 177 E. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 35243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26. Juni 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johann Heinrich Anderson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 5 *Months,* 29 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Nr 177 Wolfe St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Nr 177 Wolfe St. (S)

Cause of Death, { First (Primary,) / Second (Immediate,) } Spasms (accessorius Willisii)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem. Dr H. Lawton M. D.

Date of Burial, June 28st 1875 Medical Attendant.

Undertaker, Henry Sander

Place of Business, 421 Canton Av. *Address* 173 s. Wolfe St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 35741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Clark

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 22 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Castle St, near Federal

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Child's Castle St near Federal

Cause of Death, {First (Primary,) Chronic Bronchitis

Second (Immediate,)

Duration of Last Sickness, Thirty Six hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery W. W. White, *M. D.*

Date of Burial, 28 June Medical Attendant.

Undertaker, Adam Fink

Place of Business, 161 Gay Street Address 350 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 35745

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emelini Taylor.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 20 *Years,* — *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 29 S. Front St

Cause of Death, { First (Primary,) Dysentery

Second (Immediate,) 2 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28 1875

Undertaker James O Byrne

Place of Business, No 63 N Front St

J. H. Hanck M. D.
Medical Attendant.

Address 95 E Pallmer St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 35716 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Eclipse Gers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 8 mo

Place of Death, {Give street and number.} 298 Fergo st

Cause of Death, {First (Primary,) Indigestion

{Second (Immediate,) " Since born

Duration of Last Sickness, Since born

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, June 28th 1875

{*Undertaker,* Wm. M. Leonard

{*Place of Business,* 782 W. Baltimore *Address* St

W D Pennington M. D.
Medical Attendant.
210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians are respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Black

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland - 2 years in U S

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} No 12 Forrest Place

Cause of Death, {First (Primary,) / Second (Immediate.)} apoplexy probably

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 28th

{*Undertaker,* / *Place of Business,*} R. Kennedy No 92 N. Howard

Edmund R Walker M. D.
~~Medical Attendant.~~
Coroner M. P. District
Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 3578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Custans

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 220 German St

Cause of Death, First (Primary,) Cerebral Congestion

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 29th 1875

Undertaker, [illegible]

Place of Business, No. 520 W. Balt

Edwd. F. Michael M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35749,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27 — 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Louise Euler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Three *Months.* ——— *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} #36 Fredk Avenue

Cause of Death, { First (Primary,) Teething
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Balt. Co. Md.

Date of Burial, June 28th

James G. Lusteiner M. D.
Medical Attendant.

{*Undertaker,* J. B. Blackiston & Son
{*Place of Business,* 606 W. Balt St. *Address* # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 3530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday June 29. 75 11 Oclock P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence H. Sellers

~~Sex, Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, one *Years,* five *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married,~~ *Single,* ~~Widow(er)~~ { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 17 months

Place of Death, { Give street and number. } 64 N. Gilpeleon

Cause of Death, First (Primary,) Unknown food

Second (Immediate.) Cholera Morbus

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 28 Lyd M. Eastman M. D.

Medical Attendant.

Undertaker, G. B. Blackiston & Son

Place of Business, 606 W. Balt. St *Address* 849 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~5~~ 3557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelie Veronica [illegible]

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2½ years

Place of Death, {Give street and number.} 238 N Wolf st

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery *M. D.*

Date of Burial, June the 28th Medical Attendant.

Undertaker, Geo. Schilling *Address* Broadway and

Place of Business, cor Aisquith & Monument st Fredrick Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~1~~ 3532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman, C. F. Koch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. 4 years 4 months.

Place of Death, {Give street and number.} 238 N Wolf St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery Wm. L. Kunkel M. D.

Date of Burial, June the 28th. Medical Attendant.

Undertaker, Geo. Schilling *Address* Broadway

Place of Business, Cor Fayette & Monument Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Grebb.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 22 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 416 N Fayette St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 416 N Fayette St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery W L Kegeler M. D.

Date of Burial, June 28th Medical Attendant.

Undertaker, J B Cook

Place of Business, 117 West Baltimore St *Address* 845 N Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora A Winfield

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 12 *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 Dodson alley

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery ~~Daniel Clark~~ M. D.

Date of Burial, June 28 "1875

Undertaker, Saml. H. Clare *Address* Comm. of Health & Registrar

Place of Business, S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Emma L. Young (Mother)

Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 3535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 20 1875 BALTIMORE

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Gordon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County of Cavan. Ireland

Duration of Residence in the City of Baltimore, Seven weeks

Place of Death, {Give street and number.} 125 N. Eutaw St.

Cause of Death, First (Primary,) Heart Disease.

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters R.C. Cemetery J. B. Gardner M. D.

Date of Burial, June 29 / 75 Medical Attendant.

Undertaker, Wm. H. Grant

Place of Business, No. 61 Paca St. *Address* 121 Fulton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

Permit No. 3336 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Geiger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, Years, 10 Months, 11 Days.

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 129 S. Duncan Alley

Cause of Death, {First (Primary,) Cholera infantum
Second (Immediate,) ~~2d~~

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemet

Date of Burial, Sunday 28th 1875

Undertaker, Jacob Bacher

Place of Business, 224 Canton Ave

P. G. Dauch M. D.
Medical Attendant.

Address 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

Date of Death, June 27th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Walkemeyer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} 317 N. Lombard Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery Chas. N. Neff *M. D.*

Medical Attendant.

Date of Burial, June 28th 1875

Undertaker, Jacob Weaver *Address* 306 N. Smallwood

Place of Business, No 476 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Francis Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, one *Years,* 6 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, one year-6-months & 18 days

Place of Death, {Give street and number.} 72- Fremont-st S-45-

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 7- days

All the above information should be furnished by the Physician.

Place of Burial, Wm Alpha R.C. Cemetery H-J. Houck M. D.

Date of Burial, June 28th 1875 Medical Attendant.

Undertaker, Jacob Mowes Address 578-Penn Ave

Place of Business, No 414 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Schoppach

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Nine (9) *Years,* One *Months,* 0 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 years One month (Life)

Place of Death, {Give street and number.} 269 William St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholerine

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem U. D. Cifr *M. D.*

Date of Burial, June 29. Th 1875 Medical Attendant.

Undertaker, Julius Koehler *Address* 129 Sharp St

Place of Business, cor Sharp & Cross. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 3560 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick H Sapp

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, *Years,* Three *Months,* Three *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~the~~ 14 North Carolina St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28 1875

Undertaker, Chas Koenig

Place of Business, 121 E. Fayette

H. E. Hooker M. D.
Medical Attendant.

Address Cor Baltimore & Eden Sts City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3561

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th. June 1875. four o'clock afternoon

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Seeberger

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, during Life time

Place of Death, {Give street and number.} Lancaster street 38.

Cause of Death, First (Primary,) Dentitio

Second (Immediate,) Convulsiones.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28 June

Undertaker, J. Brien

Place of Business, 16 Hanover St.

William Hand M. D.
Medical Attendant.

Address S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on...

Board of Health, City of Baltimore,

Permit No. 3562

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Steven Lee Conner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 7 *Months,* 17. *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md 286 E. Pall st

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 286 E. Pall st N. W. Cor Broadway Pall

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemet. John F. Conner M. D.

Date of Burial, June 30th 1875 Medical Attendant.

Undertaker, Wm C Hughes 286 E. Pall st

Place of Business, 60 E Baltimore. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spondingly numbered to the remarks below, and to List of Diseases &c.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. F. Claybrook

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, whit *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 S. Ann St.

Cause of Death, {First (Primary,) / Second (Immediate,)} old age

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29th 1875

Undertaker, Thos. F. Hughes

Place of Business, 60 E Balto

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

Date of Death, June 27/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bridgett Ella Wiley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 10 *Months,* 16 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newark N.J.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 34 Marion St (Marion St.)

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery W. H. Crim M. D.

Medical Attendant.

Date of Burial, 28 June 1875

Undertaker, McCourt Bros

Place of Business, 131 Saratoga St *Address* Corner Saratoga & St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Smith

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. } Female

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } # 220 N. Caroline St.

Cause of Death, { First (Primary,) Scarlatina Pneumonia

Second (Immediate.) Spasms

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. *Medical Attendant.* M. D.

Date of Burial, June 28th 1875

Undertaker, H Wirth *Address* 188 N. Caroline St.

Place of Business, 209 Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the Remarks below, and to List of Diseases &c.

Board of Health, City of Baltimore,

Permit No. 3566

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

Date of Death, June 27. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Hickman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 35 Stockholm

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, June 27/1875 Thos Coke M. D.

Medical Attendant.

Undertaker, S M Chase

Place of Business, 19 & 21 Howard St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Mollaun

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~Unknown~~ *Years,* ~~About~~ 35 ~~Months~~ — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Unknown

Occupation, "

Birthplace, { State or country (and how long in the United States, if of foreign birth. } "

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number. } Washington University, cor Calvert & Saratoga

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate.) Not Known.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, June 28th 1875

A. L. Wolfe M. D.
Medical Attendant.

{ *Undertaker,* H. Donovan
{ *Place of Business,* 6 Bank St Address Washington University. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ly entitled to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3568

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Kinne

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number. } 109 King St

Cause of Death, { First (Primary,) Meningitis

{ Second (Immediate,) ———

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28 1875

{ *Undertaker,* S M Chase

{ *Place of Business,* No 198 Howard St *Address*

A. Atkinson *M. D.*
Medical Attendant.
5 ct. Charles St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

Permit No. 3569

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos Henry Parker

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 5 *Months,* 7 *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } U S

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 92 Orchard St

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28th Howard

{ *Undertaker,* H W Chase

{ *Place of Business,* 150 198 Howard St

W W Antrim *M. D.*

Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cofelia Neal

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 26 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 44 Walker St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Edmondson Cemetery

Date of Burial, June 27 1875

Undertaker, C M Chase

Place of Business, 198 S Howard St

Address 146 Hanover St

Geo. A. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health,

Permit No. 3572

The Physician who attended any person in a last illness is res
out, to the undertaker or other person superintending the burial
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAIN

CERTIFICATE

Date of Death, 29 June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwar

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age,

Color, White *Years,* 21

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} *Sex,*

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 28 Augh

Duration of Residence in the City of Baltimore, 1 L

Place of Death, {Give street and number.} 18 L. Ch

Cause of Death, {First (Primary,) Scarlatin
Second (Immediate,) Anginosi

Duration of Last Sickness, 3 Week
All the above information should be furnished by the Physician. Attended by D

Place of Burial, Baltimore Cem

Date of Burial, Sund 28 Th 18.75. Jo

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Bay St. *Address* 1

***Extract from Regulations of the Board of Health to secur
Vital Statistics in the City of Balti***

SECTION 2. And it be further enacted and ordained, That whenever any person
of the Physician who attended during his or her last sickness, or the Coronor, whe
within forty-eight hours after the death, to the Undertaker or other person or per
setting forth, as far as the same can be ascertained, the full name, sex, age and conditi
deceased, and the cause and date of death, except in cases of births and deaths of illeg

Board of Health, City of Baltimore,

Permit No. 3571,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th of June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Norman

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredrick Md

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 31 S. Carolina Street

Cause of Death, {First (Primary,) Phthisis Tuberculosa
Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year
All the above information should be furnished by the Physician.

Place of Burial, Baltimore City Cemetery

Date of Burial, 29th of June

Undertaker, J. Hall

Place of Business, 233 East Balto St. *Address* 245 S. Baltimore

J. Hollins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3572 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

Date of Death, 24 June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Lee Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 21 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 28 Hughes

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 E. Church s

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Anginosa

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician. Attended by Dr Noble

Place of Burial, Baltimore Cem Geo. W. Dawson M. D.

Date of Burial, June 28 Th 1875.

Undertaker, Julius Koehler *Address* 114 Hanover st

Place of Business, Cor Sharp & Eutaw sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3573. OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Elizabeth Bennett.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, *Sex,* Fem.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 2 - Yr. 7 Mo

Place of Death, {Give street and number.} 98 Johnson St.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29 1875

{*Undertaker,* Chas. F. Hemb

{*Place of Business,* 161 Hanover St.

R. J. N. Tall, M. D.
Medical Attendant.

Address 138 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ases below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 35711

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT JUN 29 1894 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilie Rathje

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ....

Age, 9 *Years,* 5 *Months,* 22 *Days.*

Color, white *Sex,* female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Baltimore~~ Philadelphia

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} David Hill Avenue 176

Cause of Death, First (Primary,) Heart disease. Insufficiency of the mitral valve

Second (Immediate,) Convulsions

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 29th of June

S. F. Reinhard M. D.
Medical Attendant.

Undertaker, A. Leitz

Place of Business, David Hill Av *Address* 224 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3575 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thos Henry Laughlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 65 Ramsay st

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 3 Mo

All the above information should be furnished by the Physician.

Place of Burial, Mount Calvary Cem

Date of Burial, July 28th 1875

Undertaker, John Thacher

Place of Business, No 150 Eastern Av

Address 76 Ostend

D McCurley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ferring to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3576

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marceline Lunne

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married, Single,* Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 Chesnut Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, June 28th 1875

Undertaker, Wm Donovan

Place of Business, 4 Bank St

James H Steuart M. D.

~~Name of Informant~~

Address Commrs of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Malinda Linsay Mother

Board of Health, City of Baltimore,

Permit No. 3577

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Harry C. Meakin

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 27 *Days.*

Color, White ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 6 mos —

Place of Death, {Give street and number.} 38 Myrtle Ave.

Cause of Death, First (Primary,) Inflammation of Brain

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, June 28th 1875

Undertaker, Jacob Weaver

Place of Business, No 486 David Hill Avenue

H. W. Ominus M. D.
Medical Attendant.

Address 66 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ferred to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3578

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lewis R. Douglas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 54 *Years,* 2 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford, Conn

Duration of Residence in the City of Baltimore, About 10 Months

Place of Death, {Give street and number.} 96 Division St. Balto

Cause of Death, First (Primary,) Cerebral Congestion & Brain Disease

Second (Immediate.) Paralysis

Duration of Last Sickness, About Two Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. H. R. Hattrick M. D.

Date of Burial, June 29th 1879 " Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 426 Druid Hill Avenue *Address* Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 3577.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hanson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty three *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Collector

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 98 Chew St. Baltimore

Cause of Death, {First (Primary,) Pulmonary & Laryngeal Phthisis / Second (Immediate,) Asthenia and dyspnoea

Duration of Last Sickness, I do not know, as he was for advanced in Phthisis when first seen by me.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount City J. C. Chew M. D.

Date of Burial, June 28 Medical Attendant.

Undertaker, W^m H Hickman *Address* 141½ Lanvale St

Place of Business, N Gay st Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3580 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Brice

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Brown *Sex,* Male

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 120 Hill St.

Cause of Death, {First (Primary,) Tubercle of the brain

{Second (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Annapolis. Md.

Date of Burial, June 28th 1873

R. M. Hall M. D.
Medical Attendant.

{*Undertaker,* William N. Lingel Address 266 S. Sharp St.

{*Place of Business,* Nr 104 East st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 137)

Board of Health, City of Baltimore,

Permit No. 3581

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anderson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 88 *Years,* 11 *Months,* 7 *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 88 years

Place of Death, {Give street and number.} 31 Waesche Street

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Extreme heat

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 29th 1875

J. H. Darby M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave. *Address* 143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3582 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaret E. Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 months & 9 days

Place of Death, {Give street and number.} 62 Block St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28. 1895

Undertaker, Matthias A. Bruzzi

Place of Business, 74 S. Broadway

James A. Stone *M. D.*
Medical Attendant.

Address 25 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ers below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 3585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1875 REGISTRAR BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Morgan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 6 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 130 S. Ann St.

Cause of Death, First (Primary,) Ulcer of Stomach

Second (Immediate.) " " "

Duration of Last Sickness, 3 Months and 18 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, June 29th 1875

Undertaker, Mathias A. Daigi

Place of Business, 74 S. Broadway

E. P. Ivins M. D.

Medical Attendant.

Address 406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 35511 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarette Rose, Emeline Merriman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, . *Years,* . 10 *Months,* 23 . *Days.*

Color, white *Sex,* female

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 22 Market space

Cause of Death, First (Primary,) cholera infantum

Second (Immediate,) Anaemia cerebi.

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetri

Date of Burial, 28th of June

Undertaker, Schultheis

Place of Business, No 261. East Monument Street

Henry Salzer M. D.
Medical Attendant.

Address 65 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5585 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John David Nichols

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 28 *Days.*

Color, Black *Sex,* Male

~~*Married,*~~ ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 Short alley

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1875

Undertaker, Jas H. Davis

Place of Business, Saratoga St

James Kent, M. D.

~~Medical Officer.~~

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Jane Nichols Mother

Board of Health, City of Baltimore,

Permit No. 3586 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Catherine Ogden.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, *Sex,* Fem.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, {Give street and number.} 178. S. Eutaw St.

Cause of Death, First (Primary,) Phthisis Pulmonalis.
Second (Immediate,)

Duration of Last Sickness, 12 Months.

All the above information should be furnished by the Physician.

Place of Burial, Calvert County

Date of Burial, June 30th 1875

Undertaker, John Thacker

Place of Business, No 150 Eamdent

R. J. H. Tall, M. D.
Medical Attendant.

Address 158. S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcribed 1/26

[OVER.

Board of Health, City of Baltimore,

Permit No. 3587

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hamer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 75 years

Place of Death, {Give street and number.} 81 East St.

Cause of Death, {First (Primary,) old age
Second (Immediate,) General Debility by reason of age

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 29th June 1875

{*Undertaker,* Wm. H. Hickman
{*Place of Business,* N. Gay St.

A Rieff M. D.
Medical Attendant.

Address 30 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Rachel Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Black *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 21 Sarah Ann Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A. Steuart, M. D.

Date of Burial, June 28th 1875

Undertaker, John C. Sheridan *Address* Commiss of Health + Registrar

Place of Business, Park Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Hester Bordley Midwife

Board of Health, City of Baltimore,

Permit No. 3589

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Virginia King

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 32 Burgundy alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Ernest Stenal M. D.

Date of Burial, June 28 — 1878 [Medical Witness]

Undertaker, Saml H Chase

Place of Business, S. Howard St *Address* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Virginia King (Mother)

[OVER.

Board of Health, City of Baltimore,

Permit No. 3390

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26 June 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Stuart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N° 27 L Mercer st Balt

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 215 E Grove (Grove) st Balto

Cause of Death, First (Primary,) Tetter infant

Second (Immediate,) 3 w 4 days

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ground

Date of Burial, June 28 1875

Undertaker, John E. Gordon

Place of Business, 63 Park Av

C. Battaile M. D.
Medical Attendant.

Address ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...marked to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 3591

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd of June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Crane

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— ——— *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46 Diamond st

Cause of Death, First (Primary,) ...

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29.. 1875

Undertaker, John. Co. Gordon *Address* 89 N Green st.

Place of Business, 63 Park Av

H. Keller, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ferred to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Lopez.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, In [redacted] month. *Years,* 3 *Months,* ——— *Days.*

Color, White. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} In the city of Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. Carey St. No. 414.

Cause of Death, First (Primary,) Cholera infantum.

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 28

M. Joseph Lopez. M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W. Baltimore St

Address No. Carey St. No. 414.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3593, OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard Clifton Hayes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* 12 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 96 Perkins ave

Cause of Death, { First (Primary,) Cholera infantum
Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Dicks Hill Howard Co. Md. Cothran M. D.
Medical Attendant.

Date of Burial, June 28

Undertaker, J B Cook

Place of Business, 707 W Baltimore *Address* 166 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 138)

[OVER.

Board of Health, City of Baltimore,

Permit No. 33944

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* Eleven *Months,* Five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 195 Pierce Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 29 1875

Louis Von M. D.
Medical Attendant.

Undertaker, McGould Bro.

Place of Business, 131 Saratoga st - *Address* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3595 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann August Geis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~one~~ *Years,* 7 *Months,* 2 *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, o o

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, born in Balt.

Place of Death, {Give street and number.} 78 Granby St

Cause of Death, {First (Primary,) Cholera infantum

{Second (Immediate,)

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem't.

Date of Burial, June 29. 75.

Undertaker, H. Hofmann.

Place of Business, 63 North Eden St. *Address*

E. Pope *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3596 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Wright

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} —

Age, *Years,* Three *Months,* *Days.*

Color, Blk. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 20 Rolny st.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Mulberry Court No 2.

Cause of Death, First (Primary,) Artificial Nursing

Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, ~~W. Baltimore~~

Date of Burial, June 28th 1875.

Undertaker, W. H. C. Perry

Place of Business, 4148 W. Pratt St

I. G. Wiltshire M. D.

~~Medical Attendant~~

Address 55 S. Fayette

Was seen no physician in attendance. W.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3597.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carmen Correa.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Six month. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} In Key West. (Florida)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East Monument St. No. 208.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, East Cemetery

Date of Burial, June 29

Dr. Joseph Lopez. — M. D.
Medical Attendant.

Undertaker, Wm. Fry

Place of Business, 64 N. Broadway Address N. Carey St. No. 414.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg William Krieg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 10 *Months,* 0 *Days.*

Color, white *Sex,* male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city —

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 34 Thames Street

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Lloyds Cemetery

Date of Burial, 28 June

Undertaker, H. Bohlen

Place of Business, 26 Thames St.

E. Heiss M. D.
Medical Attendant.

Address 102 S. Bond Ste.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3599.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ambrose Foster

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.} male

Age, 76 *Years,* 9 *Months,* 7 *Days.*

Color, white *Sex,* male

~~Married~~, ~~Single~~, ~~Widow~~ or *Widower,* {Cross out the words not required in this line.} Widower

Occupation, 2

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore 8 years

Place of Death, {Give street and number.} 296 Argyle ave

Cause of Death, First (Primary,) Softening of the brain

Second (Immediate,) Exhaustion

Duration of Last Sickness, for years (8)

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park W. F. Kemp M. D.

Date of Burial, June 29 to 1875. Medical Attendant.

Undertaker, Smith & Denny *Address* 53 N Green St

Place of Business, 269 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Demeline

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— 5 „ *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 56 Wolf Street

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 56 Wolf Street

Cause of Death, {First (Primary,) Convulsions
Second (Immediate,) ~~12 hours~~

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, F. Wilsonians

Date of Burial, 28 of June 1875

Undertaker, John Braun

Place of Business, 77 Wolf.

M. D.

Medical Attendant.

Address Commis of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Braun — Undertaker

Board of Health, City of Baltimore,

Permit No. 3601

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Teitsch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 ~~46~~ *Years,* *Months,* *Days.*

Color, White

Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 50 Durham St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) }

Duration of Last Sickness, ii Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 28 th June

{ *Undertaker,* John Braun
Place of Business, 77 S. Wolf St

James A Steuart M. D.

Address Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by note from Dr Buck

[OVER.

...ames, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 3602

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John ~~Hartel~~ Henkel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 16 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 27 Parkin St.

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, Do not Know

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 29th 75

Undertaker, John Teufel

Place of Business, 491 W. Balto St. *Address*

E. R. Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3603 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Bauner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 12 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 125 Elliott St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, June 29th 1875

James F. McShane M. D.
Medical Attendant.

Undertaker, H H Gilmeyer

Place of Business, 341 Canton Av.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Fallon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Forty Six *Years,* Four *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Bottling Establishment

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia Pa

Duration of Residence in the City of Baltimore, Thirty three Years

Place of Death, { Give street and number. } No 2542 S. Bond St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Country

Date of Burial, June 30th 1875

Nikles & Cashell M. D.
Medical Attendant

Undertaker, H. H. Gilmeyer

Place of Business, 341 Canton Ave. *Address* 217 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3605 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Hudson

~~Sex~~, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 2 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Jefferson & Eden

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 29th 73

J. M. Stevenson M. D.
Medical Attendant.

Undertaker, H. Dippel

Place of Business, Bank St *Address* 133 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 3606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Frank B. Dorman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* 15 *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 271 Druid Hill Av.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate.) Prostration / Heart.

Duration of Last Sickness, of it - latter 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. J. W. Williamson M. D.

Date of Burial, June 29th 1875 Medical Attendant.

Undertaker, Jacob Weaver *Address* 121 W. Lemmon

Place of Business No 486 Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George E Pilkoff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 8 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 6 Centre Market

Cause of Death, First (Primary,) Rickets

Second (Immediate.) Pulmonary affection

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, 29th of June

A Brantz Dunbar M. D.
Medical Attendant.

Undertaker, Geo. Schellinger

Place of Business, Monument & Wagons *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Amelia (?)

~~Sex,~~ ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 15 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} foundling — Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 108½ Exeter St

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Lot of Home

Date of Burial, June 29th

Attended 3 *M. D.*

Medical Attendant.

Undertaker, Edward Kunkel

Place of Business, 61 Fawkt *Address* 131 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3609 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Twenty two *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 E. Monument st

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 29th 1875

Undertaker, H. H. Hickman

Place of Business, 234 Gay St

S. T. Coyne M. D.
Medical Attendant.

Address 129 ½ High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 3610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 29 1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Stein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Fischerman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 98 Fort Ave.

Cause of Death, First (Primary,) Acute Laryngitis
Second (Immediate,) Exposure

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 29th

J. H. Smith M. D.
Medical Attendant.

Undertaker, Henry Brick *Address* 108 S. Sharp St.

Place of Business, ~~Henry St~~ 81
Henrietta 81 81

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mabel Aniana Barlow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, 11 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 286 N. Howard St

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) Coma

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Howard County

Date of Burial, June 29th 1875

Undertaker, Chas. T. Semmes

Place of Business, 271 N. Eutaw St

Mabury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 139)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~27th of June 1875~~ June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Ross

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 Lemmons Alley

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St B.G. James A Steen M. D.

Date of Burial, June 29th 1875

{*Undertaker,* W. A. Gray
{*Place of Business,* Mulberry St *Address* Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information Moses Ross (Father)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28th day of June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Fred. H. Weis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~18 days~~ *Years,* ——— *Months,* 18 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Greeley St. No 36

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Gorsby St.

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Weakness.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 29

Undertaker, C. Hollander & Sons

Place of Business, 22 W. Pratt St *Address*

Fred. Weis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th June 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice V. Applegarth

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 4 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 117. Montgomery

Cause of Death, { First (Primary,) Cholera Infantum

{ Second (Immediate.)

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, June 29th 1875

Undertaker, Wm Troy & Sons

Place of Business, 263 Light St

H. W. Webster M. D.
Medical Attendant.

Address 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 74

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Evaline Watson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* 1 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 153 East Street

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 153 East Street

Cause of Death, First (Primary,) Cholera Infantum —

Second (Immediate,) ____

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount [illegible] Ludwig Hewson. M. D.

Date of Burial, June 29 4 O'clock Medical Attendant.

Undertaker, Geo. C. Rodenmyer *Address* 1332 N. Eutaw st

Place of Business, 38 Exeter Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Lewis, Sidney Lewis.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* One *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——— ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 81 N. Population St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western, C.

Date of Burial, June 29

Undertaker, J. B. Blakiston Son

Place of Business, 606 Batt St *Address*

J. H. C. Cuddy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3617

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28. 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Hy. Becker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 3 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 77 N. Carey

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Chol. Infth.

Second (Immediate.) Hydrocephalus

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount. Cemetery

Date of Burial, June. 29th 1875

Undertaker, Chas. A. Bonder

Place of Business, No. 520 W. Balt.

H. L. Hollows M. D.

Medical Attendant.

Address 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3618 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Dickinson Riley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seventy *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, { Give street and number. } 264 Lombard St

Cause of Death, { First (Primary,) Asthma / Second (Immediate,) Dysentery

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, June 30th 1875

Undertaker, Thos. A. Dem

Place of Business, 263 Lombard

Jno. Entwisle *M. D.*
Medical Attendant.

Address 312 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3619.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Eugene Talbot.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11. *Months,* *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Md 82 E Monument St.

Duration of Residence in the City of Baltimore, 11 mos

Place of Death, {Give street and number.} No 82 E Monument St.

Cause of Death, { First (Primary,) Cholera infantum

{ Second (Immediate,) about one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1878

{ *Undertaker,* John C. Gordon

{ *Place of Business,* 63 Park Av

C H Patterson M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. #3620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRY DEPARTMENT JUN 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isham Wilkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hedinghausen (Hanover) germany

Duration of Residence in the City of Baltimore, nearly a year

Place of Death, {Give street and number.} corn. of West & Lexington sts.

Cause of Death, First (Primary,) asthma

Second (Immediate,) paralysis of the heart

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th

Undertaker, H. Brill

Place of Business, Henrietta St 81

H. Wilkins M. D.
Medical Attendant.

Address 95 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Huley McElvaine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Colored Infantum.

Age, 9 Months Years, Months, 1 Days.

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Monument N 333. Balt Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 67 Jefferson St Balt Md

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Thirteen hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 30th 1875

Gust Wagner M. D.
Medical Attendant.

Undertaker, Geo Shilling

Place of Business, Monument & Eighth Address 18 Eighth St Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3622

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Andrew Forrest

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 11 *Months,* 29 *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 E. Monument St

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,) "

Duration of Last Sickness, 16 years

All the above information should be furnished by the Physician.

Place of Burial, Bald Cemetery

Date of Burial, June 30th 1875

Undertaker, W. H. Cassell

Place of Business,

James A Steuart M. D.

Member of Commissioners

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. H. Cassell Relative

[OVER.

Board of Health, City of Baltimore,

Permit No. 3123

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrea Gladdis Caldwell.

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* Two *Months,* Twenty *Days.*

Color, White *Sex,*

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corner Eden & Biddle Sts.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 29th 1875

Undertaker, James P Byrne

Place of Business, 63 N Front St

S. Caldwell Leland M. D.
Medical Attendant.

Address 178 Aliceguild St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 / 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Meier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} cor. Canal & Stiles

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.) (Convulsions)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 29 /75

Abram McArnold M. D.
Medical Attendant.

Undertaker, Michael Flynn

Place of Business, No. 35 Bank St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elena Abutta

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 12 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 165 Chapel Street

Cause of Death, First (Primary,) Artificial nursing

Second (Immediate,) Convulsions

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery *Signature of Attendant* Jamus A Neal M. D.

Date of Burial, June 29 1875

Undertaker, Leon Kurtz

Place of Business, 277 S. Bond St *Address* Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by August Abutta Father

Board of Health, City of Baltimore,

Permit No. 3626 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th June 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Fiscus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 12 *Days.*

Color, — *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 62 Leadenhall St. Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 62 Leadenhall St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th

Wm. P. Dodd M. D.
Medical Attendant.

Undertaker, H. Bricke

Place of Business, Hennetta st 21

Address 207 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. #3627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
JUL 2
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antonia William Hollgen

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 0 *Years,* Eleven *Months,* Seven *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City. Md.

Duration of Residence in the City of Baltimore, 11 Months 7 days (Life)

Place of Death, {Give street and number.} 300 Hanover St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Lutheran

Date of Burial, June 29th 1875

Undertaker, Charles F. Herbst

Place of Business, 161 Hanover St

Wm. H. Taylor M. D.
Medical Attendant.

Address 129 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 3628 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ann Maria Martin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 84 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} Church Home & Infr. N. Broadway

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery *Frank D Revin* M. D.

Date of Burial, June 29th 1875 Medical Attendant.

Undertaker, Thos J Hughes

Place of Business, 60 E Balto [redacted] Address Church Home & Infy N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3629

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Eliz Nelson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, whit *Sex,*

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northumberland Co. Va.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} 192 Bank

Cause of Death, {First (Primary,) Cholera Morbus
Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th

R. W. Mansfield *M. D.*
Medical Attendant.

{*Undertaker,* Murphy
{*Place of Business,* 54 & Broadway *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 21,30, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm E. Dickerson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* Two *Months,* Three *Days.*

Color, Colored *Sex,*

~~Married, Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 3 South Dallas Street

Cause of Death, First (Primary,) Nourished by hand on diseased Cows Milk

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 29 at 6 oclock P.M.

F. E. Fooks M. D.
Medical Attendant.

Undertaker, Richard Hall Cor.

Place of Business, 133 E. Baltimore *Address* Baltimore & Eden Sts Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 3631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th. June 1875. 8 o'clock morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Beunle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 22. *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} 5. Durham Street No 110.

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheritis

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St Mathias burying ground

Date of Burial, June 29 4 o'clock

Undertaker, Henry Bein 2.52 alley F Wolfe & 117.

Place of Business, St Mathias Burying ground Address

William Hunkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3632

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosie Wamsley

~~Sex, Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* 9 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 117 Curley St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 117 Curley St

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Upheus Cimitery

Date of Burial, June 29th 1875

J. H. Martin M. D.
Medical Attendant.

Undertaker, H. M. Gilmyer

Place of Business, 241 Canton Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Ridgely

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1st *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Ettung St. in rear of St Peters Ch

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, June 28th 1875

{*Undertaker,* M. H. C. Perry
Place of Business, 448 W. Pratt

James Hellman M. D.
~~Attending Physician.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information Capt Geo W. Earhart N. W. Station

Board of Health, City of Baltimore,

Permit No. 3634

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Kaiser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ×

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since its birth

Place of Death, {Give street and number.} No 1 Walker Street

Cause of Death, First (Primary,) Inanition, mother not having able to nurse it

Second (Immediate,) exhaustion

Duration of Last Sickness, ~~[illegible]~~.

All the above information should be furnished by the Physician.

Place of Burial, Catholic Burying Ground

Date of Burial, June 25th 1875

A Friedenwald M. D.
Medical Attendant.

Undertaker, C. Kunkel

Place of Business, 10 Park St *Address* 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3135,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Murray

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, —*Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} No 4 Concord St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, June 29 1875

Undertaker, James O Burne

Place of Business, No 63 W Fremont

Charles Lowder M. D.
Medical Attendant.

Address 59 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

3636 Missing

Board of Health, City of Baltimore,

Permit No. 3637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1875

CERTIFICATE OF DEATH.

Date of Death, June 28th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs L. Hormel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 231 N. Eden St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery

Date of Burial, Jan 29 1875

Jno Brooke Boyle M. D.
Medical Attendant.

Undertaker, Henry Hock

Place of Business, 369 Eon Avenue

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} Lombard St Infirmary,

Cause of Death, {First (Primary,) Bright's dis, Second (Immediate,)

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Western Potters Field T. A Ashby M. D.

Date of Burial, June 29 Medical Attendant.

Undertaker, M. & G. C Perry

Place of Business, 414 & W Balto st Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Weiner

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* 10. *Months,* 16. *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, W. M. 16 d.

Place of Death, {Give street and number.} Baker N. Gay Street 58

Cause of Death, First (Primary,) Mesenciliis peritonaeali

Second (Immediate,)

Duration of Last Sickness, 1. Day

All the above information should be furnished by the Physician.

Place of Burial, Balt Co Y.

Date of Burial, Jun 28

John M. P. Beattie M. D.
Medical Attendant.

Undertaker, C. H. Passano

Place of Business, 136 E Fayette *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3040 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Bonne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 8 *Years,* — *Months,* *Days.*

Color, white *Sex,* Male

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Junk-dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 9 years in US

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} No 6 N. Central Ave

Cause of Death, {First (Primary,) Intemperance — paralyzed 6 mos since
Second (Immediate,) to Apoplexy probably

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 29/75

Undertaker, C H Kessler

Place of Business, 136 E Lexington

Edmund R Walker M. D.
~~Medical Attendant.~~

Address No 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Josie Bryant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Col~~ *Years,* Two *Months,* 8 *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U S

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 209 Schusmet Ally

Cause of Death, { First (Primary,) Marasmus
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harford Cemetery

Date of Burial, June 29th 1875

{ *Undertaker,* Wm J Gray
{ *Place of Business,* 65 Mulberry St

W W Antrim M. D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 3642 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Meermann

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 10 months *Years,* ten *Months,* 24 *Days.*

Color, white *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 22 Market - place Balt

Cause of Death, First (Primary,) Stolers infant.

Second (Immediate,) anaemia cruhi

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29. 1875.

Henry Salzer M. D.
Medical Attendant.

Undertaker, Schultheis & Co

Place of Business, East Monument Square Address 165 W Lanvan St - 261

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 36443. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mahlon Talbott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Loudoun County Virginia

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, { Give street and number. } 76 N. Carrollton Avenue

Cause of Death, First (Primary,) Paralysis -

Second (Immediate,)

Duration of Last Sickness, Five Days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 30th 1875

Undertaker, A R Wachellau

Place of Business,

W R McKnew M. D.
Medical Attendant.

Address 582 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 36404

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Segerman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 8 *Months,* 28 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 175 Pennsylvania Avenue

Duration of Residence in the City of Baltimore, 8 mo. 28 days

Place of Death, {Give street and number.} 175 Pennsylvania Avenue

Cause of Death, { First (Primary,) Dentition
Second (Immediate,) Tuberculous Meningitis

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 30th June 1875

Martin Brewer M. D.
Medical Attendant.

{ *Undertaker,* Henry H. Jenkins & Son
{ *Place of Business,* 16 Light St — *Address* 201 N Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN
29
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Segmeyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 228 Preston St

Cause of Death, {First (Primary,) Spasms

{Second (Immediate.)

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 30th 1875

{Undertaker, Geo Saffron

{Place of Business, 121 Penn Ave

James F Kenny M. D.
Attending Physician

Address Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Geo Saffron Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward D. Saunders.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, 11 mo.

Place of Death, {Give street and number.} 1 Warren St.

Cause of Death, {First (Primary,) Meningitis

{Second (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Bala Cemetary

Date of Burial, June 30th 1875.

{*Undertaker,* Fowling & Dean

{*Place of Business,* 263 Light St

R. J. H. Tall, M. D.
Medical Attendant.

Address 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3647. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Lovely

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 2 *Months,* 28 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Warner st near

Cause of Death, {First (Primary,) Meningitis; Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 29th 1875

Undertaker, John S Mercher

Place of Business, No 150 Camden st

O. L. Buddenbaum M. D.
Medical Attendant.

Address 106 Columbia st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3648

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Dignan

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} Dwelling 7 Richard St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, June 29th 1875

Charles Lemmon M. D.
Medical Attendant.

Undertaker, Jos H Byrne

Place of Business, 59 Gay Street

Address 59 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31,249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Appel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dublin, Ireland

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, {Give street and number.} 30 Lear St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Paralysis — Apoplexy

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 1st July

Undertaker, Henry Trealer

Place of Business, —

J. McHoward M. D.

Medical Attendant.

Address 228 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3650

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A. Grant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Public Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 110 King St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R.M. Hall M. D.

Medical Attendant.

Date of Burial, June 29th 1875

Undertaker, J. B. Williams

Place of Business, 107 Lee st *Address* 266 E. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, witnin *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 29 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gertrude

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years,~~ about ~~Months,~~ 14 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bay View Asylum

Duration of Residence in the ~~City of Baltimore,~~ Institution 5 days

Place of Death, { Give street and number. } St Vincents Infant Asylum

Cause of Death, { First (Primary,) Atrophy
Second (Immediate,) Convulsions
4 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 29. 1875.

{ *Undertaker,* Jas L. Chalmers
{ *Place of Business,* 262 Penn Ave

Martin Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Edward Fisher

~~*Sex*~~, *Male or Female,* { Cross out the word not required in this line. }

Age, — *Years,* 9 *Months,* — *Days.*

Color, C *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number. } 53 N. Dallas St

Cause of Death, { First (Primary,) Chol. Infantum / Second (Immediate.) Debility

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Meth. Epis. Cemetery Greenmount

Date of Burial, June 30th 1875

Chas. H. Griffith M. D.
Medical Attendant.

{ *Undertaker,* William N. Dengler
{ *Place of Business,* No 104 East St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

Date of Death, June 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Spriggs

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 56 *Years.* *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elliott Mills,

Duration of Residence in the City of Baltimore, 25 years,

Place of Death, {Give street and number.} 218 Eastaw Alley,

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1875

Undertaker, William A. Dorgan

Place of Business, Nr 104 East St.

J. H. C. Cook, *M. D.*
Medical Attendant.

Address 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 31524 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franziska Incoe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 112 S. Wolfe St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphs Cem

Date of Burial, 30th June 30 1875

J. H. Smith M. D.
Medical Attendant.

Undertaker, John Brown

Place of Business, 99 S. Wolfe St. *Address* 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3655 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1875

CERTIFICATE OF DEATH.

Date of Death, June 28th. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Young.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, {Give street and number.} 247 S. Broadway

Cause of Death, { First (Primary,) Jaundice
Second (Immediate,)

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, June 30 1875.

C. Edward Miller M. D.
Medical Attendant.

{ *Undertaker,* Wend Dippel
{ *Place of Business,* 150 S. Bond St *Address* 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No 3637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Kastler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Beer – Brewer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 5 years.

Place of Death, {Give street and number.} 35, Cross st.

Cause of Death, {First (Primary,) Apoplexy.
{Second (Immediate,)

Duration of Last Sickness, 1 one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 30th 1875 J. E. Harrington. M. D.
Medical Attendant.

{*Undertaker,* C F Krause
{*Place of Business,* 209 Hanover st *Address* 364 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud Evelyn Allen

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, *Years,* 2 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 months & 2 days

Place of Death, {Give street and number.} No. 6 Eden near Eastern Ave & Bethel

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 30th 1875

{ *Undertaker,* Jacob Weaver
{ *Place of Business,* No 486 Druid Hill Avenue

John Ritter *M. D.*
Medical Attendant.

Address 561 Gaither Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Bartel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 137 S. Exeter St

Cause of Death, First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Burgh. Thos. Kelly M. D.

Medical Attendant.

Coroner

Date of Burial, June 30,

Undertaker, Peter Frey

Place of Business, 91 Exeter St *Address* 76 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Thos. Kelly

Board of Health, City of Baltimore,

Permit No. 3637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Eight *Years,* Six *Months,* *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~four~~ years

Place of Death, {Give street and number.} 89 W. Lexington

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate.)

Duration of Last Sickness, Eight " days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem. Thomas Opie M. D.

Date of Burial, June 29th Medical Attendant.

{*Undertaker,* J. F. Byrnes

{*Place of Business,* Liberty St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 36. 60

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Command

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 25 S. Republican.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, 20th June 1876

Undertaker, A. Fisher

Place of Business, 224 E. Lombard.

John F. Commeir M. D.
Medical Attendant.

Address Silv. Gr. Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. M. Baldwin

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, *Years,* 8 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Penal Cer

Duration of Residence in the City of Baltimore, 8 Yrs 10 days

Place of Death, {Give street and number.} 222 Lond Park ave

Cause of Death, First (Primary,) Cerebral Disease

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem, Jas. St. Jones, M. D.

Date of Burial, June 29th Medical Attendant.

Undertaker, J. B Cook

Place of Business, 707 W Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3662

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wait Hissemer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 75 *Years,* 8 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, Sachs Meningen

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} No 13 Elliott st. Canton

Cause of Death, First (Primary,) Cancer of the Stomach

Second (Immediate,) Failing Nutrition

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, June 30th 1875

Undertaker, John C. Schuch

Place of Business, No 265 Aliciana st

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Cecil Hanford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Fifteen *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanford County Md

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 192 E. Eager

Cause of Death, {First (Primary,) Pulmonic Consumption

Second (Immediate,)

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, 30th June

{*Undertaker,* Wm Fry

Place of Business, 54 E Broadway *Address* 129 N High.

S. T. Coyner *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Lofe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House-Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number.} Cor Colvert & Saratoga,

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park A. L. Lofe M. D.

Date of Burial, 30 June 1875 Medical Attendant.

Undertaker, McCord. Bros *Address* Washington University

Place of Business, Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Beinke

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 37 ~~35~~ *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} wife of Herm. Beinke

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Osnabrück Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 115 N. Canal Ldr.

Cause of Death, {First (Primary,) Meningitis puerper.
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthai Cemetery

Date of Burial, June 29, 1875

Undertaker, Chas Keyser

Place of Business, 136 E. Fayette *Address*

G. H. Cape, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Platt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* One *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltmo. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 335 Aisquith St

Cause of Death, First (Primary,) Spasms from Dirty Offensive Labor

Second (Immediate,) Eclampsia

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, June 30/75

Undertaker, Parents

Place of Business, — *Address* —

W. H. Knapp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1904 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28, 1904.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Corrigan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Hack Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 60 Calvert & Saratoga.

Cause of Death, First (Primary,) Articular Rheumatism

Second (Immediate,) Pericarditis

Duration of Last Sickness, About (10) days

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery A. L. Wolfe M. D.

Date of Burial, June 30 04 Medical Attendant.

Undertaker, Joseph J Burns

Place of Business, Liberty St *Address* Washington University.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th of June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Heckenstein

~~*Sex*~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Copper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 years 7 month

Place of Death, {Give street and number.} 97 E. Wolfe street

Cause of Death, First (Primary.) Rheumatism Partial. chronica

Second (Immediate.) Insufficientia mitralis, Hydrops generalis

Duration of Last Sickness, 4 month.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Churchyard

Date of Burial, 1st of July

Undertaker, John Brown

Place of Business, E. Wolfe St.

J. Hatch M. D.
Medical Attendant.

Address 245 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3669

The Physician who attended any person in ...st illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Stayman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 10 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 287 Forest St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 1st 1875

Silas W. Hunter M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, N° 63 N Exeter St Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1895 BALTIMORE

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Gluck

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 8 *Months,* 11 *Days.*

Color, *Sex,*

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Coachmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, 37 years

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and number.} 14 N. Liberty

Cause of Death, {First (Primary,) Chronic Rheumatism, Organic disease of the heart

{Second (Immediate,)

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

A. Dillenwelt M. D.
Medical Attendant.

Undertaker, [illegible] *Address* 137 N. Fayette st.

Place of Business, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Clinton Spicer

Sex, Male or Female, { Cross out the word not required in this line. } Male Clinton Spicer

Age, 12 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 27 E. Pratt

Cause of Death, { First (Primary,) Cerebro Spinal

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 30th June 1875

M. D.
Medical Attendant.

Undertaker, A. Keller

Place of Business, 244 E Lombard } *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elija Buchanan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, " *Years,* 2 *Months,* " *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 223 Rosemont St

Cause of Death, { First (Primary,) Cholera Infantum

{ Second (Immediate,) Heat-

Duration of Last Sickness, 2 mths

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Edward A Mann *M. D.*

Date of Burial, June 30th 1875 Medical Attendant.

Undertaker, Wm F Poe

Place of Business, 63 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3173.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Rider

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* ~~11~~ 9 *Months,* —— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 2 Portland St

Cause of Death, { First (Primary,) Congestion of the Brain
Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Oak. Cemetery

Date of Burial, June 30th

Undertaker, W. J. Tilden

Place of Business, 65 S. Eutaw St *Address*

J T Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Leipel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* ( ) *Days.*

Color, White *Sex,* Mali

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and number.} 202 S. Bond Str.

Cause of Death, First (Primary,) Phthisis pulmonum

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Bethlehems Cemitery

Date of Burial, 30th. June.

Undertaker, Hendrikus Dippel

Place of Business, 151 S. Bond Str.

Address 102 S. Bond Str.

F. Flesch *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3675.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth C. Clark

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7. Reese Street

Cause of Death, First (Primary,) Cold

Second (Immediate,) Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, June 30th 1875

Undertaker, M. H. C. Perry

Place of Business, 448. Pratt St

James A. Steuart M. D.

[redacted]

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Daniel Clark (Step Father)

Board of Health, City of Baltimore,

Permit No. 3676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Kratzschmar

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 hours ~~Days.~~

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ~~252 Hamburg St~~

Place of Death, {Give street and number.} 252 Hamburg Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery James St Lima M. D.

Date of Burial, June 30th 1875 ~~Medical Attendant.~~

Undertaker, Julius Koehler *Address* Commissioner of Health

Place of Business, 196 Cross St Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from (Father)

...below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 5177

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Theresa Knight

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 3 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 3 mos 18 days

Place of Death, {Give street and number.} No 28 Columbia Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 1 1875

{*Undertaker,* Mr Andrew Knell / *Place of Business,* 266 Columbia Ave}

Penbr H. Wm. Wemble M. D.
Medical Attendant.

Address No 203 W Lombard St Balt. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31,78

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Schmidt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75. *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, {Give street and number.} 42 Rock St

Cause of Death, {First (Primary,) apoplexy. Second (Immediate,) old age

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 31 1875

Louis L[illegible] Horn M. D.
Medical Attendant.

Undertaker, Hobrick Schmidt *Address* 226 Mulberry St.

Place of Business, Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Crip

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* *Days.*

Color, whit *Sex,* Mal

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infe

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 64 S. Eden Str.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, one wk

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Ground Rev. Mansfield M. D.
Medical Attendant.

Date of Burial, June 30/75

{*Undertaker,* Hughes & Co *Address* 117 S. Broadway
{*Place of Business,* 65 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Courtney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Point Lane near Greenmount

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery J M Shannon M. D.

Date of Burial, June 30th Medical Attendant.

Undertaker, Hue Keegan

Place of Business, N. Gay st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3681 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Booze

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 10 *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 46 Harmony Lane

Cause of Death, {First (Primary,) / Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Stans St. B'y

Date of Burial, June 30 1875

James Lemmon M. D.
~~Medical Attendant~~

Undertaker, Peter Kummert

Place of Business, 317 Mulberry st *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mazora Booze (Mother)

[OVER.

Board of Health, City of Baltimore,

Permit No. 3682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

Date of Death, June 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} N. Blanche Lupe

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months.* ____ *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 338 Franklin St.

Cause of Death, {First (Primary,) ____ Second (Immediate.) Cholera Infantum

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June the 30th

J. H. C. Cuddy M. D.
Medical Attendant.

{*Undertaker,* P. Kinnett.
{*Place of Business,* 311 Baltimore St. *Address* 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3183 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

Date of Death, June 30. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Oberhaus

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 83. *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 68 Boyd Ln.

Cause of Death, First (Primary,) Marasmus old age

Second (Immediate,)

Duration of Last Sickness, 2 - 3 year.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, the 2d of July

Undertaker, P. Kimberly

Place of Business, 317 Mulberry St. Address

G. H. Tape M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 31,821

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Joseph Schumacher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 254 N. Central Ave

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemty James A Steuart M. D.

Date of Burial, June 30th 1875 Medical Attendant.

Undertaker, Henry Hoen Jr *Address* Comm'r of Health & Registrar

Place of Business, 369 N. C. Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs C. Butt (Midwife)

[OVER.

Board of Health, City of Baltimore,

Permit No. 3685

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bertha E. Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 *Years,* 7 *Months,* 4 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 34 N. Republican St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Same as with

Cause of Death, { First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 1

John Neff M. D.

Medical Attendant.

{ *Undertaker,* H B Cook

{ *Place of Business,* 707 W. Balto St *Address* 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dugan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 67 Harford Ave

Cause of Death, First (Primary,) Infirmity old age

Second (Immediate,) Dysentary

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 1st 1875

Undertaker, James P. Byrne

Place of Business, No 63 N Exeter St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3687

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Ann Moan

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, Sixty *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female of Color

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, { Give street and number. } No. 19 N. Exeter St

Cause of Death, { First (Primary,) Carcinoma of stomach
Second (Immediate,) Marasmus with jaundice.

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Berry Brae Cemetery

Date of Burial, July 1 1875

{ *Undertaker,* James P Byrne
{ *Place of Business,* No 63 N Eutaw St *Address*

Wm. Booth Johnson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Sophia Ward

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 5 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 387 Hamburg St.

Cause of Death, First (Primary,) Warm Weather

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 1st 1875

Undertaker, Charles F. Herold *Address* Hanover & Barre sts

Place of Business, 161 Hanover St.

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Catherine Ryan

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 1/2 Years

Place of Death, {Give street and number.} No 8 Hillen St

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,) Collapse & Paralysis

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, July 1st

Undertaker, Jas Bearn

Place of Business, Front St

Geo. I. Reynolds M. D.

Medical Attendant.

Address No 34 North Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3690

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Dunnmeier

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 Durham St North

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus James H Kenny M. D.

Date of Burial, June 30 1875 ~~Medical Attendant.~~

Undertaker, John Braun *Address* Comm'r of Health & Registrar

Place of Business, 77 S. Wolf St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Braun (Undertaker

...ow, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th/875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Jackson Henry Wellgen

~~*Sex,* Male or Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* Eleven (11) *Months,* Nine (9) *Days.*

Color, White *Sex,* Male

~~*Married,* Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 11 months 9 days

Place of Death, {Give street and number.} 300 Hanover

Cause of Death, {First (Primary,) Hydrocephalus Congenitus. Inanition. Imperfect development of Lungs.} {Second (Immediate,) Cholera Infantum}

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Lutheran Cemetery

Date of Burial, July 1st 1875

W. D. Glezen *M. D.*
Medical Attendant.

Undertaker, Charles F. Hoerle *Address* 129 Sharp St

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 June 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Berthold Friedrich John Francis Goethe Fuchs

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 9 S. Green St

Cause of Death, { First (Primary,) Catarrh / Second (Immediate,) Spasm

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *M. D.*

Date of Burial, July 2nd 1875 Medical Attendant.

Undertaker, Charles R Herold *Address* 120 Court

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ow, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 3693

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 30 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Townley Chase

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Maryland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 348 North Gay Street

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Phthisis,

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Thursday, 1st July 3 o'clock P. M.

Undertaker, George Schilling

Place of Business, Aisquith & Monument Sts

J. S. MacKenzie M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Loraine Matilda Albright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 13 C

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Hewitt st

Cause of Death, First (Primary,) Inflammation of Brain

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 1st

Undertaker, Philip Arnold

Place of Business, 35 S. Eutaw St

A H Carney M. D.
Medical Attendant.

Address 76 Stark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30 June 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Caroline Neugebauer

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, one *Years,* *Months,* *Days.*

Color, white ~~*Sex,*~~

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number.} 157 Preston st Baltimore near Eutaw

Cause of Death, {First (Primary,) / Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus G. L Dunphie *M. D.*

Date of Burial, July 1st 1875 Medical Attendant.

Undertaker, Wm. J. Scriven *Address* 129 N Biddle

Place of Business, 211 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Magill

Sex, Male or Female, {Cross out the word not required in this line.} Male

~~*Age,*~~ ~~Years.~~ 7 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 34 Park Avenue

Cause of Death, {First (Primary,) / Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, Twelve Days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, July 1st 1875

F. R. Shotard M. D.
Medical Attendant.

Undertaker, C. Thos. S. Sexton

Place of Business, 271 N Eutaw St *Address* N 114 Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 1 BALTIMORE

Permit No. 3677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Rebecca Kennedy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 16 *Days.*

Color, White *Sex,* ____

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt –

Duration of Residence in the City of Baltimore, 16 days

Place of Death, {Give street and number.} 366 Mulberry

Cause of Death, First (Primary,) Inanition from defective assimilation

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 1st 1875

Wm Moore M. D.
Medical Attendant.

Undertaker, Jos. Doane

Place of Business, 568 W Balto st *Address* 5 Hamilton Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } George Jacob Eder

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 2 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 213 Montgomery St

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius *M. D.*

Date of Burial, July 1st 1875 Medical Attendant.

Undertaker, C. F. Krause *Address* 108 S. Charles St.

Place of Business, 209 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Haney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married,* *Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 84 & Cambury st

Cause of Death, {First (Primary,) Strangulated Femoral / Second (Immediate,) " Hernia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Oliver cemetery Geo. H. Benson M. D.

Date of Burial, July 1st " 1875 Medical Attendant.

Undertaker, Charles F. Horsted *Address* 161 Hanover

Place of Business, 161 Hanover St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charley W. Hill

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, One *Years,* *Months,* 21 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 144 Lanvale St Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 144 Lanvale St Balto

Cause of Death, {First (Primary,) ~~Cholera~~ Cholera Infantum. Second (Immediate,)

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem. *Date of Burial,* July 1. 1875

Dr. Carey Thomas M. D. Medical Attendant.

Undertaker, H W Blizzard

Place of Business, cor of Lanvale & Howard *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3701.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1875 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Ann Middleton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis (Annapolis)

Duration of Residence in the City of Baltimore, 81 Years

Place of Death, {Give street and number.} Aged Womens Home

Cause of Death, First (Primary,) Old Age — Senile Decay

Second (Immediate.) Softening of Brain

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 1st 1875

Henry R Noel M. D.
Medical Attendant.

Undertaker, H. Thenkins & Son

Place of Business, 16 Light St *Address* 17 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Foundling

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* about 3 *Months,* ——— *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Supposed in Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Stockton alley

Cause of Death, First (Primary,) Artificial Nursing

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *James F. Stewart* M. D.

Date of Burial, July 1 1875 Medical Attendant

Undertaker, S. W. Chase *Address* Commis of Health

Place of Business, 9 Howard St & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Joseph Grunf Father by Adoption

...ease, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1873 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1873

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eva Recht.

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 79. *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow.

Occupation, None.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, { Give street and number. } 213 W^m Lombarde St.

Cause of Death, { First (Primary,) Paralysis / Second (Immediate.) }

Duration of Last Sickness, 4 days.

All the above Information should be furnished by the Physician.

Place of Burial, Eden St Cay. County. W Wiley M. D.

Date of Burial, July 2nd Medical Attendant.

Undertaker, L. Wm Eilau

Place of Business, gough st *Address* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Fink

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 ~~Years~~, 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. 2 Months,

Place of Death, {Give street and number.} 39 Millington st

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 2d 1875

{*Undertaker,* Henry H. McEars

{*Place of Business,* 64 N. Gay st

Wm. L. Russell M. D.
Medical Attendant.

Address 1 Broadway E
Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ause of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar Boin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* 6 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Warren St. 16

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Western City

Date of Burial, July 1st

Undertaker, Maher

Place of Business, Corner S. Sharp & Camden Street.

A. F. Reinhard M. D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ease, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Young

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, 7 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New-York City

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} Bennett, corn. Fells

Cause of Death, First (Primary,) Insufficiency Aorta valves

Second (Immediate,) Dropsy

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 1st 1875

Undertaker, Henry Hook

Place of Business, 309 E. Baltimore St. *Address* 58 N. Front

G. Liebmann *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ow, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} — Carr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 21 — *Years,* *Months,* *Days.*

Color, colored *Sex,*

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Spring Garden foot of Chaun Street

Cause of Death, First (Primary,) —

Second (Immediate,) Accidentally drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26 1875

Undertaker, J Wm Chase

Place of Business, 198 Howard St

W. W. Dorsey M. D.
Coroner ~~Medical Attendant~~

Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ist of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial; within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 30, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles King.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 1 *Months,* 10 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Maryland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} No 12 Vincent St.

Cause of Death, {First (Primary,) Second (Immediate,) Cerebro Spinal Meningitis (Inflammation)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1875

{*Undertaker,* C. F. Chase.
Place of Business, 191 E Monument St

James Darby M. D.
Medical Attendant.

Address Cor. Fred. & Second Mount St, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28 day 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Israel Prout

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, Dark *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 207 South Howard St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Congestive Apoplexy

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R. M. Hall M. D.

Date of Burial, June 30/1875 Medical Attendant.

Undertaker, S. H. Chase

Place of Business, 199 S. Howard St *Address* 266 D. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...peculiarly invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Davis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— ——— *Years,* 10 *Months,* ——— ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 220 Mulberry

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 24 hours,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery J. H. Keller, M. D.

Date of Burial, July 2d 1875 Medical Attendant.

{*Undertaker,* Jacob Weaver *Address* 89 N. Greene St.
{*Place of Business,* No 496 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 109 W. Fayette

Cause of Death, First (Primary,) Obscure

Second (Immediate,) "

Duration of Last Sickness, Eleven Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem Thos. S. Latimer M. D.

Date of Burial, July 2nd 1875 Medical Attendant.

Undertaker, Jacob Weaver *Address* 248 Madison ave

Place of Business, No 486 Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ferred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE

Permit No. 3712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza M. Piper

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* ——— *Months,* ——— *~~Days.~~*

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 202 N. Franklin St.

Cause of Death, {First (Primary,) Dysentery

{Second (Immediate,) General debility

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 2d 1875

{*Undertaker,* Jacob Weaver

{*Place of Business,* No 494 Druid Hill Ave

J. H. Buiter M. D.
Medical Attendant.

Address 144 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ing to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3713,

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Forest & McHenry sts

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Forest & McHenry sts

Cause of Death, First (Primary,) Found dead by Physician

Second (Immediate,) Said to have died of Cholera

Duration of Last Sickness, Small & delicate since birth - Stated to have been Ill 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 12th 1875

Undertaker, John P. Paulus

Place of Business, No. 66 Frederick Ave Balto Md

Geo. H. Dare M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1th 1875. 5 oclock at morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Balthasar Rauber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number.} E. Lombard & N. 210.

Cause of Death, First (Primary,) Dentitis

Second (Immediate,) Convulsions.

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetay

Date of Burial, 1st July 1875

Undertaker, Geo Frechlich

Place of Business, 339 Canton Av

Williams Hexnel, M. D.
Medical Attendant.

Address S. Wolfert. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 1
1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Henry Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Canton Ave.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 35 Canton Ave

Cause of Death, First (Primary,) Chlora Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Burial Ground

Date of Burial, July 1st 1875

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, John W. Locke

Place of Business, 65 S. Wolf st *Address* 117 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1875 BALTIMORE.

Permit No. 3716,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Pumphrey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, four Months, June Days.

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 42 Biddle alley

Duration of Residence in the City of Baltimore, four months

Place of Death, {Give street and number.} 132 Monk alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, July 1 1875

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St

F. B. Gardner M. D.

Medical Attendant.

Address 121 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ease, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3717.

HEALTH DEPARTMENT JUL 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st. 1875 1.30 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kaufman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 7 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 7 Months & 11 days

Place of Death, {Give street and number.} 68 S. Durham

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet James E. Donnelle M. D.

Date of Burial, July 1st. Medical Attendant.

Undertaker, Eichelberger & Dyson

Place of Business, 84 Bond st. 151 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3718.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 15 Burrough st

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 2d 1875

J. E. Harrington M. D.
Medical Attendant.

Undertaker, Smith Thomp & Deny *Address* 364 Light st

Place of Business, 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ferred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Josephine Roope

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 2 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} 585 Bel air Avenue

Cause of Death, First (Primary,) Child Birth

Second (Immediate,) Puerperal Fever

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St alphonsus — James A Steuart M. D.

~~Medical Attendant~~

Date of Burial, July 1 1875

Undertaker, Henry Horek

Place of Business, Address Commit of Healt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Dr George H. Corse Balto County

...referred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 3720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Handy

Sex, Male or Female, {Cross out the word not required in this line.} ..... Female

Age, 36 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co Md,

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 201 Mulliken St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Debility

Duration of Last Sickness, 2 hours 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2nd 1895

Undertaker, William C. Dunge

Place of Business, 41 114 East 21st.

Chas. Holt M. D.
Medical Attendant.

Address 83 East Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...s below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 3 2 15 Days.

Color, colored *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} Cholera Infantum

Cause of Death, { First (Primary,) X Gillingham's Alley 5 1

Second (Immediate,) X

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Shanks St Cemetery

Date of Burial, July 1st 1874

W. G. Brown M. D.
Medical Attendant.

{ *Undertaker,* J. H. Chase
{ *Place of Business,* S. Howard St *Address* 55 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 July 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Mariah Brown

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 70 *Years,* ~~Months,~~ ~~Days.~~

Color, Colored *Sex,*

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Non

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimor

Duration of Residence in the City of Baltimore, Baltimor Md

Place of Death, { Give street and number. } No 93 North St

Cause of Death, { First (Primary,) Apoplexy Fit

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, At 6 o'clock July 1 1875

{ *Undertaker,* James Davis

{ *Place of Business,* No 25 Saratoga St

Hilbrick M. D.
Medical Attendant.

Address No 99 north St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 1875 BALTIMORE

Permit No. 3723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Francis McGarity

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 4 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 67 N. Front

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate.) Convulsions.

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 1st 1875

Undertaker, James O Byrne

Place of Business, No 63 N Bond St

P. G. Garnett M. D.
Medical Attendant.

Address 67 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 2 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 1st 9 o'p m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Blumenthal

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty four Years

Place of Death, {Give street and number.} Corner of Hobbs & Republican St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthisis.

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery Chas. J. Finn M. D.

Date of Burial, 2 July, Medical Attendant.

Undertaker, Wm M Leonard

Place of Business, 182 W. Balto. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Lisman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} No. 20 Parish St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, Nearly one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 2 1875

John Hood M. D.
Medical Attendant.

Undertaker, Wm. H. Leonard

Place of Business, 752 Baltimore st *Address* 234 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3726

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 2 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. Henry Schneider.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* nine *Months,* 29 — *Days.*

Color, White — *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 25. N. Wolf st.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Mathia Cemetery

Date of Burial, July 2d 1875

Undertaker, C. Rossing

Place of Business, 136. E. Fayette st. *Address* 86. E. Fayette.

Jno. Dohme. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

[illegible] is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 1875

Permit No. 3727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1 /75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Burkard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years* 10 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Register

Cause of Death, { First (Primary,) Scarlatina

{ Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible] cemetery

Date of Burial, July 2

Wm H Howard *M. D.*
Medical Attendant.

Undertaker, Hamilton Dippel

Place of Business, Baltimore 15 *Address* Bondst 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

Permit No. 3728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 11 am 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Rahla

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 6 *Months,* ~~Days.~~

Color, *Sex,* white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 North Washington at

Cause of Death, {First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, 7 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetery P. G. Dausch M. D.

Medical Attendant.

Date of Burial, July 2.

{*Undertaker,* Henry Silmer

{*Place of Business,* Canton Avenue near Washington St, *Address* 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josef Rosendale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Two *Months,* 19 *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 39 N. Frederick St Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 79 N Frederick St Baltimore

Cause of Death, First (Primary,) Catarrhus bronchial capsa.

Second (Immediate,) General debility.

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, July 2nd 1875

Henry Baker M. D.
Medical Attendant.

Undertaker, Jacob Hammann *Address* No 10 Lombard St

Place of Business, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Gardener.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White. *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and number.} 424 Orleans St.

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) Exhaustion.

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 22nd 1875

Undertaker, [illegible]

Place of Business, No. 54 N. Broadway

G. Glanville Rusk M. D.
Medical Attendant.

Address Balto Washington Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

[illegible] is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible] Anna Simmons

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 90 Chesnut Street

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. B.G

Date of Burial, July 2nd 1875

M. D.

Medical Attendant

Undertaker, Jas H. Davis

Place of Business, Saratoga St *Address* Commiss of Health + Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by James L. Simmons (Father)

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gordon Cooke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 203 N Howard St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Edmund R Walker M. D.

Medical Attendant.

Date of Burial, July 2, 1875

Undertaker, John J Gordon *Address* 180 Linden Ave

Place of Business, 632 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July first 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Bien

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 263 S. Dallas St.

Cause of Death, First (Primary,) Emphysema pulmonum Burial

Second (Immediate,) Hydrops

Duration of Last Sickness, about six months.

All the above information should be furnished by the Physician.

Place of Burial, S. Mathews. County

Date of Burial, July 3d

Undertaker, Leonhard Feurer

Place of Business, S. Bond St. No 252. *Address* 102 S. Bond St.

S. Hessel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty he Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate g forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

...pectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st of July 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ann Catharine Graf

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 77 N. Chapel St.

Cause of Death, { First (Primary,) Eclampsia infantum
Second (Immediate,) ———

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 2d of July

{ *Undertaker,* H. Hoffman
Place of Business 43 N. Eden.

J. Jeffries M. D.
Medical Attendant.

Address 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9758

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3735

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Fay

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Parish Kildare Co. Kings Ireland

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give street and number.} At 56 S. Chapel st

Cause of Death, {First (Primary,) Consumption of Lungs
Second (Immediate,)

Duration of Last Sickness, 12 months

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 3rd 1875

{*Undertaker,* R. H. Gibney,
Place of Business, 341 Canton Ave.

John F. Lemmonier, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Easter Sat. [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible], Gertrude

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 Yrs *Years,* — *Months,* 10 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} No 53 Pleasant St.

Cause of Death, First (Primary,) [illegible]

Second (Immediate.) Cholera Morbus

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Ophens Cemetery

Date of Burial, July 2d 1875

Undertaker, H. M. Gilmore

Place of Business, 341 Canton Av.

[illegible] M. D.

Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd. Midnight 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Phillip Butler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 10 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 61 S. Caroline

Cause of Death, First (Primary,) Marasmus - 21 months

Second (Immediate,)

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 2nd 1875

James E. Donnelly, *M. D.*
Medical Attendant.

Undertaker, Joseph F Byrne *Address* 299 E. Balto St

Place of Business, 59 N Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9735

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3738,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann K Crane.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 47. *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} ~~Sd,~~

Occupation, None. —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} Park Ave & 9. —

Cause of Death, First (Primary,) Organic Disease of Heart.

Second (Immediate,)

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem Henry Stuart M. D.

Date of Burial, July 6th 1875

Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary B. Schley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* 24 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 110 Harrison Avenue

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. J. Gilman M. D.

Medical Attendant.

Date of Burial, July 27 1875

Undertaker, Jos. Soane

Place of Business, 568 W Balto St *Address* 172 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wallace Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* 20 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 58 Courtland St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Inflammation of Brain

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 3d 1875

Undertaker, John H. Weaver

Place of Business, 22 N Fayette st

I H Causey M. D.
Medical Attendant.

Address 76 D Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...pecially referred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3741 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Robinson.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* ~~11~~ *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Upholsteress.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 120 Scott St.

Cause of Death, First (Primary,) Cancer of Breast (Scirrhus)

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 2 4. O'clock

Dr. Geo. H. Lamb, M. D.
Medical Attendant.

Undertaker, M. S. Maher *Address* 148 Park Ave.

Place of Business, Cor Camden & Paca Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Born

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Warner St

Cause of Death, {First (Primary,) / Second (Immediate,)} Supposed to be disease of Heart

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 2d 1878

Undertaker, John Stocker

Place of Business, No 16 Camden St

A H Bunn M. D.
Medical Attendant.

Address 760 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3743

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3743,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

BALTIMORE CITY HEALTH DEPT. JUL 2 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Lankard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 1 *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 272 Stemberg St.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R. M. Hall M. D.

Date of Burial, July 2d 1875 Medical Attendant.

{*Undertaker,* Mowtry & Denn *Address* 266 E. Stark St.
{*Place of Business,* 263 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 16

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 37464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Willeman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baby

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 months 14 days

Place of Death, {Give street and number.} 213 Montgomery St

Cause of Death, First (Primary,) Feeble Constitution

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 3rd 1875

John Morris M. D.
Medical Attendant.

Undertaker, Julius Koehler *Address* 5 Franklin St

Place of Business, Cor Sharp & Cross sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certifi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William James Hopkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, — Years, 5 Months, 17 Days.

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Five Months & 17 days

Place of Death, {Give street and number.} No 49 Burke St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 2nd 1875

{*Undertaker,* Thos S Hughes

Place of Business, 60 E Balto St

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3711

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 2 1875 BALTIMORE

Permit No. 3746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James & Josephine Dobson (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 hours ~~Days.~~

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 76 Central Ave

Cause of Death, First (Primary,) ———
Second (Immediate,) Convulsions

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 2nd 1875

M. D.

~~Medical Attendant~~

Undertaker, Jno. F. C. Offutt

Place of Business, 27 Orleans St Address Commr of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by James Dobson (Father)

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. BALTIMORE
JUL 2 1875

Permit No. 3747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Creamer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* 7 *Months,* *Days.*

Color, ~~Gen.~~

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 181. N Eyeler Street

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate.)

Duration of Last Sickness,

All the above informations should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 3rd 1875

{*Undertaker,* Wm. H. Wiseman

{*Place of Business,* 234 E. Bay St.

Ludwig Hermann *M. D.*
Medical Attendant.

Address 133 h Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certifi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875 BALTIMORE

Permit No. 37148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 Years, 4 Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Ann St. 5th.

Cause of Death, { First (Primary,) Cholera - Infantum.
Second (Immediate,)

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Church - Jane 6th 1875 M. D.
Medical Attendant.

Date of Burial, July 3rd

Undertaker, Wm Diffel Address

Place of Business, S. Bond st. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda L Hutchins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 6 *Months,* — *Days.*

Color, Col *Sex,* Female

~~*Married,*~~ Single, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 56 Sarah Ann st

Cause of Death, First (Primary,) Acute Inflammation of throat

Second (Immediate,) " "

Duration of Last Sickness, One Week "

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon~~ St Peters cemetery

Date of Burial, July 2. 1875

Undertaker, A P Chase

Place of Business, 148 W Howard st *Address*

John L Pennington M. D.
Medical Attendant.

210 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Daniel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 72 N. Ann St.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 72 N. Ann St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2nd 1875

Undertaker, William H. Dunger,

Place of Business, No 164 East St.

Address 137 Columbus

L. J. Griffin M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

Permit No. 3757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant and named, give names of parents.} Louisa Kimelee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover, Germany.

Duration of Residence in the City of Baltimore, Eighteen years.

Place of Death, {Give street and number.} 118 Aisakson, Lg. Av.

Cause of Death, First (Primary,) Nervous Exhaustion Chorea.

Second (Immediate,) Hypercal.

Duration of Last Sickness, Sixteen hours.

All the above information should be furnished by the Physician.

Place of Burial, Bells Cemetary.

Date of Burial, 3rd July.

G. Glanville, Rust M. D.
Medical Attendant.

Undertaker, H. Eckhardt.

Place of Business, 29 Canton Ave, *Address* Balto Washington, Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 57

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Ballett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 7 *Months,* ~~Days.~~

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Hanover st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2nd 75

Lt. Johnson M. D.
Medical Attendant.

Undertaker, J. B. Williams *Address* 177 Conway

Place of Business, 107 Lee st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3753,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Annie Rourke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} N.W. cor Ridgley & West sts

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) exhaustion

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 2nd 1875

Undertaker, Geo. H. Pendleton

Place of Business, No 204 Baltimore *Address* 76 Hanover St

A. Flannery *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certifi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rophelia Wolff

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 12 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Middletown Co Va

Duration of Residence in the City of Baltimore, born in

Place of Death, { Give street and number. } 146 W Saratoga St

Cause of Death, { First (Primary,) Tuberculosis / Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Middletown Co Va

Date of Burial,

Jno. E. Cagett M. D.
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address* 18 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 140)

No. 37

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3753

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rebecca Magill

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 11 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 76 Greenmount Ave

Cause of Death, {First (Primary,) Anaemia

Second (Immediate,) 13 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Broadway Methodist

Date of Burial, July 3 - 1875

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, John L Rodenmay *Residence Address* 111 Greenmount Ave.

Place of Business, 102 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Wittmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 208 S. Ann St.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, Confined to bed for the last 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Nicholas Cemetery

Date of Burial, 4 July 1875

Undertaker, Jas. Cramer

Place of Business, 219 Central Avenue

James F. McShane M. D.
Medical Attendant.

Address 254 Caroline Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

Permit No. 3757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie C. Brown

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, *Years,* 11 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 401. Eager St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 401. E. Eager St

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 3d 1875

Undertaker, Unity

Place of Business, 514 Broadway *Address* 137 Orleans St

B. L. Gaither *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ellen Russell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 84 Foster Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthma

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 5th 1875

M. D.

~~Medical Attendant.~~

Undertaker, Chas. F. Herold *Address* Commr. of Health

Place of Business, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by her Son Valentine Russell

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 2. 7. 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles ~~Attaway~~ Ebbighausen

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ~~Years,~~ 5 *Months,* ~~Days.~~

Color. White *Sex,*

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

~~*Duration of Residence in the City of Baltimore,*~~ Life

Place of Death, { Give street and number. } 256 Canton Ave

Cause of Death, { First (Primary,) Catarrh - Intestinal Enteritis
Second (Immediate.) Eclampsia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, July 3rd 1876

{ *Undertaker,* Henry Sander
Place of Business, 252 Canton Av. *Address*

J Statham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

Permit No. 3760

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Pratt

Sex, [illegible] *Female,* {Cross out the word not required in this line.}

Age, About Twenty (20) *Years,* ____ *Months,* ____ *Days.*

Color, Negro; Dark Brown *Sex,* Female

[illegible], *Single,* [illegible], {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Maryland

Duration of Residence in the City of Baltimore, About Five (5) Years

Place of Death, {Give street and number.} No. 20 Patterson Avenue

Cause of Death, {First (Primary,) Scarlatina Maligna
Second (Immediate,) Cerebro Nervous Symtoms with total suppression of urine

Duration of Last Sickness, Five & a half (5½) Days

All the above information should be furnished by the Physician.

Place of Burial, Calvert County

Date of Burial July 3 1875

J. M. Johnson M. D.
Medical Attendant.

{*Undertaker,* S T W Ghase
{*Place of Business,* 198 S Howard st *Address* No 377 N. Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Granted 4th)

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Bennett

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years.~~ 9 *Months,* ~~Days.~~

Color, Colard *Sex,*

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Starlings St No 115 Between madison & Chase

Duration of Residence in the City of Baltimore, Born in City

Place of Death, {Give street and number.} No 68 Chesnut st

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 3 1875

Undertaker, ~~Edward Hook~~ W. J. Hook

Place of Business, Cor Hill & Howard sts

Inbusch M. D.
Medical Attendant.

Address No 99 north st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ___ *Years,* ___ *Months,* 6 *Days.*

Color, White *Sex,* ___

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ___

Place of Death, {Give street and number.} Washington road nr 4 C.

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) ___

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, 3 July 3 o'clock

{ *Undertaker,* Conrad Runkle
Place of Business, 16 Market st

C. L. Buddenbock *M. D.*
Medical Attendant.

Address 110 16 St Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

Permit No. 3763.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Daily

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* 11 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Emmettsburg Md

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} 41 M.c Culloh st.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Many years

All the above information should be furnished by the Physician.

I never saw this Lady until after her death

C Winslow M. D.

Medical Attendant.

Place of Burial, Green Mt Cemetery

Date of Burial, 2nd July 1875

Undertaker, Hy M. Courtis & Son

Place of Business, 16 Light St *Address* 23 M.c Culloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Topsman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* ——— *Days.*

Color, Black *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 Carlton Street

Cause of Death, {First (Primary,) Scrofula —

Second (Immediate,) "

Duration of Last Sickness, 8 months —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James F. Stuart M. D.

Date of Burial, July 4th 1875 Attending Physician.

Undertaker, John L. Jordan *Address* Comm'rs of Health

Place of Business, Park ave Institutions

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by the Grand Mother & the attending Phys' is out of the City

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Weisgerber,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, born

Place of Death, {Give street and number.} 14 Thames St.

Cause of Death, First (Primary,) Diarrhoea infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fairville Cemetery

Date of Burial, 3 July

Undertaker, H Bolton

Place of Business, 36 Thames St. *Address* 102 S. Bond St.

C. Buel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

No.

Board of Health, City of Baltimore,

Permit No. 3766,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Bosley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 12 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} South Carey Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Carey St

Cause of Death, { First (Primary,) Colic & Inflammation
Second (Immediate,) 3 days

All the above information should be furnished by the Physician.

Dr. P. McSherry M. D.
Medical Attendant.

Place of Burial, Mount Olivet

Date of Burial,

{ *Undertaker,* Wm R Leonard & Son
{ *Place of Business,* 752 Baltimore St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3367

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3th. July 1875. one o'clock at morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Winkler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} E. Lombard Street No 318.

Cause of Death, First (Primary,) ~~Coroner~~ Hydrocephalus chronicus

Second (Immediate,) Convulsiones

Duration of Last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible] *Address* [illegible]

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Baby Thos Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 6 weeks Days.

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number.} 129 Spring st

Cause of Death, First (Primary,)

Second (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Forest Hom.

Date of Burial, July 4, 1875.

Undertaker, H. Hofmann

Place of Business, 63 N Eutaw St. *Address* 15 Lingwell St

[redacted] Williams M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C[illegible]

Board of Health, City of Baltimore,

Permit No. 3769

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3d 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Kate Macnamara

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Female

Age, 2 Years, 6 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Halls Street near 7

Cause of Death, { First (Primary,) Congestion of the Brain / Second (Immediate,) }

Duration of Last Sickness, Twenty-four hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 4 1875

C C Klein M. D.

Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 630 N Front St *Address* 139 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

Permit No. 3770

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Jane Brown

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, [illegible] *Years,* 16 *Months,* ____ *Days.*

Color, dark *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wayne St No 35

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Wayne St No 35

Cause of Death, { First (Primary,) Consumption

{ Second (Immediate,) 3 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 3rd 75

J Shultz M. D.

Medical Attendant.

Undertaker, John B Williams

Place of Business, 107 Lee St

Address 1200 South Eutaw St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3771.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresia Schlenzanier

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 8 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Anthony st.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate.) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem J. G. Dausch M. D.

Date of Burial, July 4 1875 Medical Attendant.

Undertaker, Henry Koch *Address* 97 N. Broadway

Place of Business, 307 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Steiner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt all life in ~~Balt~~ U S

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 37 Low St (Jones Falls)

Cause of Death, First (Primary,) accidental

Second (Immediate,) Drowning

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 3d 1875

Edmund Walker M. D.
~~Medical Attendant~~
Coroner B. Dist
180 Linden Ave

Undertaker, Chas P Byrne

Place of Business, 63 Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...f Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3773

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1875 BALTIMORE

Date of Death, July 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kerr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, *Sex,* "

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md all his life.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 & Hughes St

Cause of Death, First (Primary,) Injury by fall

Second (Immediate,) Rupture of Bladder & Strangulated

Duration of Last Sickness, 48 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem R. V. Dodd M. D.

Date of Burial, July 4th 1875 Medical Attendant.

Undertaker, Hall & Byrne

Place of Business, 63 Frontst *Address* 207 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

…of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this …

Board of Health, City of Baltimore,

Permit No. 3774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas J. Dyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 46 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Aloe Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Church Home & Infr. 11 Broadway

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Exhaustion

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 4th 1875

Undertaker, Wm. C. Wickman

Place of Business, 234 E. Bay St,

Frank D'Varin M. D.
Medical Attendant.

Address Church Home & Infr.
No. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 3775 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo M. Bockmiller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Eight *Months,* Nine teen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} # 196 N Central av

Duration of Residence in the City of Baltimore, Eight months & nine teen days

Place of Death, {Give street and number.} # 196 N Central av

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Congestion of brain

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, July 3rd 1875

Undertaker, Chas. H. Richman

Place of Business, 134 & Gay St.

A Hartman M. D.
Medical Attendant.

Address 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert M Grayson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 284 Lee St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudenslark Cem A H Cumey *M. D.*

Date of Burial, July 4th 1875 Medical Attendant.

Undertaker, Chas Kachler

Place of Business, Cor Harford & Eastern Ave *Address* 76 Hacon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 3777

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 3 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florance P. Lukee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 5 *Days.*

Color, *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 339 S. Sharp St.

Cause of Death, First (Primary,) ____ Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, July 29th

R. J. H. Tall, M. D.
Medical Attendant.

Undertaker, Julius Kohler 360 S. Sharp st

Address

Place of Business, 15-8, S. Sharp, St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm Russell Miller

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, ~~Widowed or Widower,~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 35 Hillman st —

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Londenpark Cemetery

Date of Burial, July 5th 1875

Undertaker, William Frey

Place of Business, 54 N. Broadway

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 3779

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRY DEPARTMENT JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 3 *Months,* 0 *Days.*

Color, Dark brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} No 5 Montpt

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1875

B F Bowen M. D.
Medical Attendant.

Undertaker, M. Doran

Place of Business, 28 W Baltimore St *Address* Cor Wolfe & Fish

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie W. Bowe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 168 N. Fremont St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, Western, Co, J. W. C. Cuddy. M. D.

Date of Burial, July 4 — 1875 Medical Attendant.

Undertaker, J. B. Blackston & Son *Address* 363 Franklin St.

Place of Business, 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 4781

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jul 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Genette — Parent } Name of Parent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, one month Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} East St 172

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 31 1875 o'clock P. M. Coroner M. D.

Medical Attendant.

Undertaker, George C Roberts

Place of Business, 138 Union St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 3782

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Conklin

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 40? *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 83 Linden Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Thursday

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemt

Date of Burial, July 5th 1875

Richard McSherry M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, ~~No~~ 456 Druid Hill Ave Address 187 Mt Auburn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 3783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Fairgutavon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Dor. Co. Maryland

Duration of Residence in the City of Baltimore, Can

Place of Death, {Give street and number.} Lexington St, near Liberty

Cause of Death, {First (Primary,) Consumption of Lungs
Second (Immediate,)

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Dorchester Co

Date of Burial, July 4th 1875

Undertaker, Thos O'Hughes

Place of Business, 60 & 62 Saltc

John F. Townsend M. D.
Medical Attendant.

Address S. Wm. Calvert Baltimore,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1142

Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

HEALTH OF... JUL 4 1875 BALTIMORE

Permit No. 37814. OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JUL 5 1875 BALTIMORE MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Magdalena Yager

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* 26 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Deeland St

Cause of Death, { First (Primary,) / Second (Immediate.) } Convulsions

Duration of Last Sickness, 9 hours.

All the above information should be furnished by the Physician.

Place of Burial, Hyphountains Cemetery

Date of Burial, July 4th 1875

J. Raborg, *M. D.*
Medical Attendant.

{ *Undertaker,* H. J. Dill
{ *Place of Business,* 183 Columbia st. *Address* 175 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 3785 OFFICE OF REGISTRAR OF VITAL STATISTIC...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sylvia Selby

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 17 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1906 E. Lombard St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Seven days (about)

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, July 3 1878

John F. Simmons M. D.
Medical Attendant.

Undertaker, William Frye

Place of Business, 54 South Broadway Address S.E. cor. Eutaw & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

Permit No. 3786 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elija Brown

~~Sex, Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* One *Months,* Twenty one *Days.*

Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Forest st 35

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1875

Undertaker, Wm. N. Dunger

Place of Business, No 104 East St.

E. L. Baldwin M. D.
Medical Attendant.

Address 124 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 3787 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Sturgest

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Forty four *Years,* Nine *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Keeping fancy store.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty one years

Place of Death, {Give street and number.} No 152 Druid hill ave

Cause of Death, First (Primary,) Severe Cold

Second (Immediate,) Bronchitis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, July 5th 1875

Undertaker, Andrew Zeltz

Place of Business, 118 Druid Hill

I hereby certify that I attended the deceased from the date stated above, and that I last saw her alive on the 3rd day of July 1875. She died at the time stated above, of the disease or injury stated above.

M. Hammond M. D.
Medical Attendant.

Address 52 N Paca st Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3788.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3d July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Arthur R. Bump

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 7 mos. ~~Years,~~ ~~Months,~~ *Days.*

Color, White ~~Sex,~~

~~*Married,*~~ *Single,* ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 7 mos.

Place of Death, {Give street and number.} Linden Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 4th 1875

Undertaker, Thos. O. Kilgus

Place of Business, 41 E Balto

H W Bump M. D.
Medical Attendant.

Address 166 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians is respectfully invited to the remarks below, and to list of diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI...

Permit No. 3789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Straney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* ——— *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 409 Saratoga

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, the 4th of July

Undertaker, P. Kinnear.

Place of Business, 311 N. Gilmor St. *Address* 279 W. Lombard

Edwd F. Mechlin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Fennerty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2. *Years,* 1 *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 340 Hanover st

Cause of Death, { First (Primary,) / Second (Immediate,) } Tubercular Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 5th 1875

Undertaker, Armstrong & Lemm

Place of Business, 263 Light st *Address* 146 Hanover st

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 3791.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Ann Dooley

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 4 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Fancy box maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 106 Eutaw st

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery E. H. Tullett M. D.
Medical Attendant.

Date of Burial, July 5th 1875

{ *Undertaker,* Henry W. Ears
{ *Place of Business,* 64 N Gay St *Address* 15 E Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to list of diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3792

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4. 4.20 A M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Howe to

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} female

Age, *Years,* four *Months,* 12 *Days.*

Color, White *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 155 Linden ave

Place of Death, {Give street and number.} 155 Linden ave

Cause of Death, First (Primary.)

Second (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemt

Date of Burial, July 6th 1875

Wm H Davis M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue *Address* 193 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3793. OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Harriet~~ Etta Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ Years, 11 Months, 8 Days.

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1911 Gordon alley

Cause of Death, {First (Primary,) Cholera Infantum.
Second (Immediate,) Convulsions

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, July 4 1875

James A Steuart M. D.
Medical Attendant.

{*Undertaker,* Wm H Dengee
{*Place of Business,* Address Commr. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Joseph Bassett the Mother

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 3791

OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 4 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Laughlin

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Holland n - 3 Doors from Edmonson

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) ____

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lutz Cemetery

Date of Burial, July 4 - 1875

Wm. L. Russell M. D.
Medical Attendant.

{*Undertaker,* Sinclair

{*Place of Business,* Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 3795 OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Phillip Thomas Wing

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 1 *Months,* ~~1~~ *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

~~Occupation,~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 122 Goodman St West

Cause of Death, { First (Primary,) Congestion Spinal
Second (Immediate,) Cong. Spinal Disease

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Christ Sholam Cemetery

Date of Burial, July 5th 1875

Undertaker, Kruges & Co

Place of Business, cor Carrollton Ave & Fayette Street

Address 1053 N. Carrollton Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 3796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3796 July 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin McCauley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 5 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 115 Cross St.

Cause of Death, First (Primary,) Cholera

Second (Immediate,) Convulsions

Duration of Last Sickness, Nine or ten hours since birth

All the above information should be furnished by the Physician.

Place of Burial, Mar Cathedral

Date of Burial, July 4 1875

Undertaker, J. N. Wolf

Place of Business, 90 So Howard St. *Address* 108 S Sharp St.

A Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

by Wm Carmaugh
at Fairfield P O

Board of Health, City of Baltimore,

Permit No. 3797 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eddy Henderson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 4 Months, 15 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Lombard St to 488

Cause of Death, { First (Primary,) Marasmus

{ Second (Immediate,) one Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lisburn

Date of Burial, July 5 1875

Undertaker, Wm Leonard & Son

Place of Business, 7 & 2 W Balto St

J H E Wiese M. D.
Medical Attendant.

Address 251 West Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 143.

...physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 3798

OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Rawlings

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 8 4 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 102 S Caery

Cause of Death, First (Primary,) Convulsions, from certain injury.
Second (Immediate,) Sustained at birth, improper manipulation (female attendant)

Duration of Last Sickness, under treatment one day

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, July 5th 1875

Undertaker, Wm M Leonard

Place of Business, 102 Ballingr & n. E. Cor

A. Hatton. M. D.
Medical Attendant.

Address 533 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3799 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellie Shields

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 10 *Months,* ~~11~~ 2 *Days.* 21

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 528 N. Gay St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, ~~Holy cross Cemetery~~ James S. Shaw M. D.

Date of Burial, July 5 1875 Medical Attendant.

Undertaker, James D Byrne

Place of Business, ~~N 68 N Front St~~ *Address* 257 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3800.

OFFICE OF REGISTRAR OF VITAL STATISTI

HEALTH DEPARTMENT
JUL
1875
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Pumphry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 7 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 32 Biddle al

Duration of Residence in the City of Baltimore, 37 Days

Place of Death, {Give street and number.} 32 Biddle al

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 5th

{*Undertaker,* Wm. Schilling
Place of Business, 121 Mulberry

F. B. Garner *M. D.*
Medical Attendant.

Address 121 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3801

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Lee

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 6 *Months,* 3 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 44 Pearl

Cause of Death, First (Primary,) Mucous Enteritis (Diarrheal)

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, July 6th

W. M. Kemp M. D.
Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw st *Address* 55 N Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 3802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1875

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lebbie Turner (Turner)

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ~~Years,~~ *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 266 E. Fayette St

~~Duration of Residence in the City of Baltimore~~,

Place of Death, { Give street and number. } Same.

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5 1875

{ *Undertaker,* W. H. Fry

{ *Place of Business,* 54 N Broadway

D. Griffith M. D.
Medical Attendant.

Address 133 Fulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 3803,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Magueruefp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 67 S. Spring St

Cause of Death, First (Primary,) Eclampsia

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Green Jas. E. Donnelly M. D.

Date of Burial, July 5

Medical Attendant.

Undertaker, H. Hofmann.

Place of Business, 63 N Eden St. *Address* 299 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3804 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3d 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Young

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ... *Years,* Six *Months,* & Twenty *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 100 Orchard St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Convulsions

Duration of Last Sickness, Three weeks — It was brought to the Office three times

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Grounds

Date of Burial, July 5th 1875 — Charles Price M. D.
Medical Attendant.

Undertaker, John C. Gordon

Place of Business, 63 Park Ave — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST...

Permit No. 3805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill... out*, to the undertak... deceased, or sooner, if requested ...

N... ...DIA... OBTAINED WITHOUT A PROPER CER... ICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Lane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} .....

Age, ... *Years,* 1 *Months,* 26 *Days.*

Color, Col'd *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 8 weeks

Place of Death, {Give street and number.} 14 Jordan alley

Cause of Death, { First (Primary,) ..... Second (Immediate,) Cholera Infantum

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15 1875

{ *Undertaker,* Chr Denison
{ *Place of Business,*

James H Stuart M. D.

Address Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Dr G. L. Tanyhill.

Board of Health, City of Baltimore,

Permit No. 3806 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* f... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5 - 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Eisel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 38 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } ~~No~~ m

Occupation, Grocer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, { Give street and number. } S. W cor Johnson & West

Cause of Death, { First (Primary,) I saw this man but once - late last night - can not make positive Second (Immediate,) diagnosis - think it carcinosis of liver unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 6th 75

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address* 52 Hunt

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No 3807

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Owen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* Three & eight *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since it's birth

Place of Death, {Give street and number.} 45 Diamond Street

Cause of Death, First (Primary,) Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5th 1875 Thomas Jeffers, M. D.
Medical Attendant.

Undertaker, John C Lordon

Place of Business, 63 Park Ave *Address* 70 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3808 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Miller

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, ~~Years.~~ 1 *Months,* ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Cor Chase & Eutaw Sts.

Cause of Death, { First (Primary,) Inflamation of bowels &c
Second (Immediate,) Cholera Infantum,

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Bd. Of Stewards Jno. G. Jay M. D.

Date of Burial, July 5th 1875 Medical Attendant.

{ *Undertaker,* Henry Cook
{ *Place of Business,* 21 Eutaw St. Address Cor Park & Mulberry Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 3809

OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John L. Krieger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 9 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 325 N. Chas Street

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate.) Collapse

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Chas J. Kimber *M. D.*

Date of Burial, July 5th 1875 Medical Attendant.

Undertaker, Henry Hook

Place of Business, 209 Eutaw St. *Address* 222 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 3811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Dickson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, black *Sex,* female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} No 8 Douglas Street

Cause of Death, First (Primary,) Explosion of coal oil lamp

Second (Immediate,) Accidental burn

Duration of Last Sickness, 18 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5: 1875-

Undertaker, Wm J. Isay

Place of Business, 65 Hanover St

Edmund D Walker M. D.

~~Medical Attendant~~ Coroner M. P. District

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 3811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Bruce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 20 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 212 N Eden st Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 212 N Eden st Balto city

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, July 6

Undertaker, Wm Fry

Place of Business, 54 N Broadway

L Ridgway Audé M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3812 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara B. Kuhnke

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, four Month ~~Years~~, *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 148 S. Registers St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, July 5th 75

Undertaker, Henry Sauter

Place of Business, 265 Canton Av. *Address* 94 S. Broadway

Augustus F. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 3813 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Duckett

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Eighty *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Home at 56 Bath

Cause of Death, First (Primary,) Chronic Bright's dis

Second (Immediate,) Asthma

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 5th 1875

Undertaker, Wm Jones Son

Place of Business, 65 Mulberry St

E. M. Hebard *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3811

OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 5th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Murray Earle Nickols

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, [redacted] *Years,* 16 *Months,* 20. *Days.*

Color, *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 150 South Broadway

Cause of Death, {First (Primary,) Cholera infantum

{Second (Immediate.) Congestion of the brain

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 6, 1875

Undertaker, McElhiney & Doyle

Place of Business, 74 S. Broadway

Milton A. Taylor M. D.
Medical Attendant.

Address 150 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Skilley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 63 *Years,* 6 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland - 43 years.

Duration of Residence in the City of Baltimore, 41 Years.

Place of Death, {Give street and number.} 22 Bank St.

Cause of Death, First (Primary,) Phthisis & Gastric Schirus.

Second (Immediate.)

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 6, 1875

Undertaker, Matthias A. Dargen

Place of Business, 74 S. Broadway

Jn.° F. Powell M. D.
Medical Attendant.

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3816 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hollaender

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ___ *Months,* ___ *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, furniture dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany. 30 years in United States

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 56 Spring Row, corner E. Pratt St

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) general miliary tuberculosis

Duration of Last Sickness, sickly for 10 years, in bed 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, ~~Hebrew Synagogue~~ Fourth Presbyterian Cemetery

Date of Burial, July 6

Henry Salzer M. D.
Medical Attendant.

Undertaker, [redacted]

Place of Business, 22 N. Pratt St. *Address* 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3817 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1 — 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miss Anna Martin,

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 14 *Years,* *Months,* *Days.*

Color, White, *Sex,*

Married, ~~Single Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Child of Thomas Martin,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia,

Duration of Residence in the City of Baltimore, Raised in Baltimore City,

Place of Death, { Give street and number. } 32. S. Sticker,

Cause of Death, { First (Primary,) } Paralysis of the Spleen &

{ Second (Immediate,) } Bright's Disease of the Kidneys,

Duration of Last Sickness, 18 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, July 6 — 1875

John L. A. Frazer *M. D.*
Medical Attendant.

{ *Undertaker,* J. B. Blakistonson
{ *Place of Business,* 606, Balt St. *Address* City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 A. M. 4th July 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martin Bee Joseph

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ___ *Years,* 4 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Age

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 13 Hanover

Duration of Residence in the City of Baltimore, 4 Months 11 days

Place of Death, { Give street and number. } No 13 Hanover

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) }

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Appleton

Date of Burial, July 5 1875

Undertaker, James D Byrne

Place of Business, 1063 N Front St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Hinian Kuhlmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty one *Years,* Two (2) *Months,* Nineteen (19) *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tobacco & Liquor Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 857 N. Baltimore st

Cause of Death, {First (Primary,) Inflammation of the Bladder

{Second (Immediate,) Congestive Chills

Duration of Last Sickness, Since the patient has had Trouble in Bladder for several weeks but attended to business up to 12 O'clock Last night had Chill about 4 O'clock this morning & died about 6¼ O'clock this PM

All the above information should be furnished by the Physician.

Place of Burial, Druids Park

Date of Burial, July 6th 1875

James G. Smithson M. D.
Medical Attendant.

{*Undertaker,* H. Black

{*Place of Business,* 1977 N. Baltimore st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3820 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JHC D 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th July 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Blanche Pina

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ or Female

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 727 W. Balt. St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) "Cholera" Infantum
Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew Cemetery

Date of Burial, July 6th 1875

Undertaker, [illegible]

Place of Business, [illegible] *Address* [illegible]

G. Liebmann M. D.
Medical Attendant.

58 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3821

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Ford Clark

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, Ten Days.

Color, White. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md. Lying-in Asylum - 163 N. Lombard St.

Duration of Residence in the City of Baltimore, Ten Days

Place of Death, {Give street and number.} Md. Lying-in Asylum, 163 N. Lombard

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, July 5th 1875

Undertaker, H. Donovan

Place of Business, 6 Bank St

D. A. Disler M. D.
Medical Attendant.

Address 163 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3822 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th. July 1875. 4 o'clock a.m morning

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Roman Lick

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ~~~ *Years,* 6 *Months,* ~~~ *Days.*

Color, white. *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ~~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give street and number. } Liberty road No 10.

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera infantum / 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, 5th July

Undertaker, Geo. Saffran

Place of Business, No 121 Jonndoan Lane

William Hendel M. D.
Medical Attendant.

Address S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3824

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Essic

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* Five *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and number.} Vine near Poppleton

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, One day

All the above Information should be furnished by the Physician.

Place of Burial, H Ephraims Cemetery

Date of Burial, the 6th of July

Joseph F. Smith M. D.
Medical Attendant.

Undertaker, P. Kimmel

Place of Business, 377 Mulberry St. *Address* 150 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3823,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 July 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Maria Ernestine

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 3 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 N. Dallas St.

Cause of Death, {First (Primary,) / Second (Immediate,)} ? Scarlatina

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 5th

C Hoffmann M. D.
Medical Attendant.

Undertaker, W. Dippel

Place of Business, S. Bond st. 151 *Address* 37 Lloyd st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No.

The Physician who s
out, to the undertaker or
sooner, if requested so to

NO PE

Date of Death,

Full Name of Deceased

Sex, Male ~~or Female~~,

Age,

Color,

Married, Single, Widow

Occupation,

Birthplace, { State or country long in the Unite of foreign birth.

Duration of Residence

Place of Death, { Give street numbe

Cause of Death, { First

Second

Duration of Last Sickn

All the above information

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Extract from L

SECTION 2. And it be fu
of the Physician who attend
within forty-eight hours af
setting forth, as far as the sa
deceased, and the cause and

...physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Peterson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 11 Whatcoat St. near Townsend

Cause of Death, First (Primary,) ———

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, July 6th 1875

James A Steuart M. D.

Undertaker, M. McC. Perry

Place of Business, 1148 W Pratt St

Address Commr of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Richard Scott — owner of House where he lived

Board of Health, City of Baltimore,

Permit No. 3826) OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Henry A. Contee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* 3 *Months,* 19 *Days.*

Color, Black *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 15 Lows Alley

Cause of Death, {First (Primary,) / Second (Immediate.)} Consumption

Duration of Last Sickness, 12 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th 1875

Signature of Physician: Jaunt A Stein M. D.

Undertaker, Saml. W. Chase

Place of Business, S. Howard *Address* Commiss of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information Solomon Contee - Brother

Board of Health, City of Baltimore,

Permit No. 3827 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm James Russell

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ~~4~~ ~~*Years,*~~ 9 *Months,* ~~*Days.*~~

Color, white *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 9 m.

Place of Death, {Give street and number.} 106 McMechin St Balto.

Cause of Death, First (Primary,) ——

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, July 6 th 1875 G Lane Tanyhill M. D.

Date of Burial, Baltimore Co'm Medical Attendant.

Undertaker, Wm. T. Scriven

Place of Business, 271 N Eutaw st. *Address* 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Pancoast

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Portland Maine

Duration of Residence in the City of Baltimore. 15 years

Place of Death, {Give street and number.} No 289 Madison st

Cause of Death, {First (Primary,) Tubercular Consumption

{Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wm. L. Purnell M. D.

Date of Burial, July 6th 1875 Medical Attendant.

Undertaker, Cuthbert

Place of Business, 540 Broadway *Address* Broadway & Madison st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3829 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grant Camps (Twins) Parents
Elise Camps

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white *Sex,* males

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} 103 E. Pratt St

Cause of Death, First (Primary,) Premature Birth
Second (Immediate,) Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery James A Steuart M. D.
Medical Attendant.

Date of Burial, July 6 1875

Undertaker, H. Hackmann

Place of Business, 26 Bank St *Address* Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Midwife Sophie Simon

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schneider

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 5 *Months,* 8 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chappel 1 door south east of monument

Cause of Death, First (Primary,) Tubercular meningitis

Second (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

P. G. Dausch, M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible]

Address 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3831 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Beale Bouget

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Six Months, 12 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Mr. Gittings' Farm Battery Avenue

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews B. C.

Date of Burial, July 6th 1875

Julius Hall, M. D.
Medical Attendant.

{*Undertaker,* Julius Koehler Address Southern Dispensary
{*Place of Business,* Cor Sharp & Cross Sts 415 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3832 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm R Morgan

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, 50 *Years,* *Months,* *Days.*

Color, W Sex, M

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Mer. Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } St Mary's Co Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 95 Hoslen St

Cause of Death, { First (Primary,) Enteritis

{ Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, July 7. 1875

Richard McSherry M.D.
Medical Attendant.

Undertaker, M. A. Lange

Place of Business, 74 & Broadway Address 89 W Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3833, OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Ann Spillman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number. } No 2 Willow st

Cause of Death, { First (Primary,) / Second (Immediate,) } Dysentery

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 6 - 1875

Jno Brooke Boyle M. D.
Medical Attendant.

{ *Undertaker,* John J Rotherman & *Address* 174 E. Eager st
{ *Place of Business,* 113 E Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Cecil Foreman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* (17) Seventeen ~~Days~~ *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} #266 E Fayette St

Duration of Residence in the City of Baltimore, Seventeen days

Place of Death, {Give street and number.} #266 E Fayette St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Balt Comty

Date of Burial, July 6

Undertaker, Wm Fox

Place of Business, 54 N Broadway

A Hartman M. D.
Medical Attendant.

Address #305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3835

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th July 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Estelle Hall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } 122 Perkins St.

Cause of Death, { First (Primary,) ____ / Second (Immediate,) Tuberculosis

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 7th

John Hood M. D.
Medical Attendant.

{ *Undertaker,* Wm M Leonard
{ *Place of Business,* 182 W. Baltimore *Address* 234 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3836 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. High Street 36

Cause of Death, First (Primary,) Dysentaric

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 6th of July

Undertaker, J. Lecraloe

Place of Business, Eastern Av. N 35 *Address* 224 W. Fayette.

D. L. Steinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3837

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Myers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty Three *Years,* Two *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 to 15 years

Place of Death, {Give street and number.} 111 Saratoga St Baltimore

Cause of Death, First (Primary,) Typhoid Enteritis

Second (Immediate.) Sudden - Presumed internal hemorrhage

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, W Arlington

Date of Burial, July 7 the

Undertaker, H Borgman

Place of Business, 45 E Clay St *Address*

Wm M Keuch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas Ward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Last June

Place of Death, {Give street and number.} 4 McKim St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Traumatic Peritonitis

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Hol Cross

Date of Burial, 7 July

Undertaker, Mr Burns

Place of Business, 9 Front st

Jno. Burke Boyle M. D.
Medical Attendant.

Address 174 E Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3839 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah R Turner — Father Henry Turner Mother Mary R Turner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 22 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 22 days

Place of Death, {Give street and number.} Aryan alley

Cause of Death, First (Primary,) Prostration Pneumonia

Second (Immediate,)

Duration of Last Sickness, all way Sick I saw deceased at my office

All the above information should be furnished by the Physician.

Place of Burial, Sharp St B. G. M. Hammond M. D.

Date of Burial, July 6th 1875 Medical Attendant.

Undertaker, Parents —

Place of Business, — — *Address* 51 N Paca st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3840 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Cook

Sex, Male ~~*or Female*~~; {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Union St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cerebro Spinal Meningitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral. J. H. Miller M. D.

Date of Burial, July 6th 1875 Medical Attendant.

Undertaker, John C. Gordon

Place of Business, 63 Park Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7811.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Williams Winn

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 231 Saratoga St.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 15 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount, C.

Date of Burial, July 7. 1875

J. W. Owings M. D.
Medical Attendant.

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Balt. St *Address* 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 8842 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Carr

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} Balt Infirmary Lombard St.

Cause of Death, First (Primary,) Pregnancy

Second (Immediate,) Uraemic Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physicians.

Place of Burial, West Pattersfield

Date of Burial, July 5 1875

T. A Ashby M. D.
Medical Attendant.

Undertaker, W H Cherry

Place of Business, 418 W Balto St *Address* Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3843.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Alice A.~~ Catherine Slein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 12 yrs *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.} Single

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 74 Cross St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 6th 1875

{*Undertaker,* John L Macher

Place of Business, No 150 Cross St *Address*

W. H. Hune *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38144 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Jackson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 3 *Years,* 4 *Months,* 8 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 106 N. Caroline st.

Cause of Death, First (Primary,) Scarlatina maligna

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Oa Cathedral Cemetery Pierre L. Dausch M. D.

Date of Burial, July 6 1875 Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 N. Front St Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8845 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Lenore Patterson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 162 S. Paca

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 162 S. Paca

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) .....

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet, Co

Date of Burial, July 5 (1875)

Jos. E. Clagett M. D.
Medical Attendant.

Undertaker, J B Blackistonson

Place of Business, 606 Balt st *Address* 18 S. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Dolman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Seven Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 71 Mc Elderry St.

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Half Hour

All the above information should be furnished by the Physician.

Place of Burial, Point Comedy

Date of Burial, July 6th

{ *Undertaker,* Henry Schultheis.
{ *Place of Business,* 261 N. St.

C. Edward Miller M. D.
Medical Attendant.

Address 143 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3817 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th. July 1875. 6 o'clam A evening

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anny Kach

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, { Give street and number. } Bradford Alley St.

Cause of Death, First (Primary,) Scarlatina and afterwards.

Second (Immediate,) Cholera morbus.

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant Cemetery *William Henkel,* M. D.

Date of Burial, July 6th 1875 Medical Attendant.

Undertaker, Fleming Sander.

Place of Business, 360 Canton Av. *Address* S. Wolfert & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38118 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Joseph Henry Honey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 1 *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 445 Patuxent St.

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) " "

Duration of Last Sickness, 3 months "

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James Stewart M. D.

Date of Burial, July 7th 1875 Physician

Undertaker, W. N. Bunger *Address* Commiss of Health

Place of Business, East St Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Moses H. Honey Uncle

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Earnest Hart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 6 — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 114 Aisquith St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Same —

Cause of Death, {First (Primary,) / Second (Immediate,)} Asiatic Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, July 6th 1875

Undertaker, William A. Langle

Place of Business, Nº 104 East st.

A. Gupp M. D.
Medical Attendant.

Address 114 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Lee

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 3 C *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} ~~(Long Branch)~~ (Chestnut Ave)

Cause of Death, {First (Primary,) Heart Disease / Second (Immediate,)

Duration of Last Sickness;

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 1875

{*Undertaker,* Williams & Sons Address 1341 Eutaw St

{*Place of Business,* No 104 East St.

J. N. Hinden M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony Backman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York Pa

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 15 Poultney St

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) "

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem James A Steuart M. D.

Date of Burial, July 6 1875 Medical Attendant

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address* Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Peter Backman Father

Board of Health, City of Baltimore,

Permit No. 3852 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Malcom Mahon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 21 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 21 days.

Place of Death, {Give street and number.} Rutter St 150 — (190 Robinson St)

Cause of Death, First (Primary,) Cholera Infantum.
Second (Immediate,)

Duration of Last Sickness, 6 days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 1875

Jas E. Whitelaw, M. D.
Medical Attendant.

{*Undertaker,* Wm Sams, Son
Place of Business, 65 Hanover St

Address 398 N. Fay. Ave M

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3853 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Robinson

~~*Sex,* Male or Female,~~ { Cross out the word not required in this line. }

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 2 Wates St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Lauel Cemetery

Date of Burial, July 6th 1875

Undertaker, Wm James Gray

Place of Business, 65 Wallace St

Frank Gunon M. D.
Medical Attendant.

Address 57. N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3854

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 6 1876

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice J. Holland

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co, Md.

Duration of Residence in the City of Baltimore, Was in Balt. only temporarily.

Place of Death, {Give street and number.} 575 Franklin St.

Cause of Death, First (Primary,) Uterine Fibroid

Second (Immediate,) Peritonitis

Duration of Last Sickness, 6 months with Fibroid — 4 days with Peritonitis

All the above information should be furnished by the Physician.

Place of Burial, Rumsey Town Somerset County J. H. C. Cuddy, M. D.

Date of Burial, July 5th 1876 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, Fayette & Appleton. *Address* 363 Franklin st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 145)

[OVER.

Board of Health, City of Baltimore,

Permit No. 3853

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha Ann Hawks.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years,~~ 7 *Months,* ~~Days.~~

Color, Negro *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt city

Duration of Residence in the City of Baltimore, 7 mos.

Place of Death, { Give street and number. } 60 Biddle alley

Cause of Death, { First (Primary,) Dentition / Second (Immediate,) Convulsions

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, the 7th of July

{ *Undertaker,* P. Kinnicutt

{ *Place of Business,* 517 Mulberry St.

Mahlon Brown M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 3856

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Banks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 189 Ramsey st Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 6th 1875

{*Undertaker,* H. Lamb,

{*Place of Business,* No 704 W Balt

D. C. Hoffman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3857.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles C. Bellers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Maryland

Duration of Residence in the City of Baltimore, 2 1/2 years

Place of Death, {Give street and number.} Winans' Corn

Cause of Death, {First (Primary,) Cramp / Second (Immediate,) Drowned

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Frederick city Md

Date of Burial, July 7th 1875

Undertaker, J. A. Cook

Place of Business, 707 W. Balt st

M. W. Dorsey M. D.
Coroner
Medical ~~Attendant~~.

Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transcribed 7-4-6)

[OVER.

Board of Health, City of Baltimore,

Permit No. 3858

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs E. A. Coad

~~Sex; Male or~~ Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Marys Co. Md.

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number.} 33 N. Liberty

Cause of Death, First (Primary,) Pleurisy

Second (Immediate,) Effusion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Marys Co

Date of Burial, 6th

Undertaker, J. B. Cook

Place of Business, 707 N. Bath.

Chas L Walton M. D.
Medical Attendant.

Address 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 147)

Board of Health, City of Baltimore,

Permit No. 3859. OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Sanders

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Six *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 7 Ray St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 6th 75

Undertaker, John B. Williams

Place of Business, 107 Lee St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
415 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9860 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Wales

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, Years, 6 Months. Days.

Color, Dark Sex, Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 11 Fielder St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate.) Three weeks

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5. 1875

Undertaker, S. McChase

Place of Business, 190 S. Howard St Address 266 S. Sharp St.

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Pinell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* 1 *Days.*

Color, African *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 96 Orchard st

Cause of Death, {First (Primary,) Second (Immediate,)} Intestinal Invagination

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. J. Darling *M. D.*

Date of Burial, July 6. 1875 Medical Attendant.

{*Undertaker,* S. S. McClure *Address* 113 Mulberry st
{*Place of Business,* 148 S Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3864 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Westen Cooper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* Seven *Months,* ~~ *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 Rose St

Cause of Death, First (Primary,) Cholera Infantum & Thrush

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lynert. Cemetery

Date of Burial, July. 6. 1875

Undertaker, S S W^D Chase

Place of Business, 19 S. Howard *Address*

Elias C Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 3863 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Anna Roth

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} female

Age, 39 *Years,* 1 *Months,* 12 *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 125 S. Sterling st.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Cat Str. Cem. P. G. Dawson M. D.

Date of Burial, July 7th Medical Attendant.

Undertaker, Schild & Frank

Place of Business, No 33 Bond St. Address 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 38624 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {White legibly and spell correctly. If an infant not named, give names of parents.} Ellen R Berry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 1 *Months,* 14 *Days.*

Color, Black. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 1 Mo 14 ds

Place of Death, {Give street and number.} 145 Low St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th 1875

Silas W. Hunter M. D.
Medical Attendant.

Undertaker, Jas H. Davis

Place of Business, Saratoga st. *Address* 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ... *Days.*

Colored

Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19. Bruce St.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Spasms

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetary

Date of Burial, July 7th 1875

Geo. H. Daro M. D.
Medical Attendant.

{*Undertaker,* J. B. Cook
{*Place of* [redacted] 707 W. Baltimore St.

Address 91 Frederick Rd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Nair

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 26 Days.

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cor Lubberly Road & Chappole-st Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Lubberly Road & Chappole st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 1st days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 5

{*Undertaker,* Thos Schilling

Place of Business, 70 Penna Ave

H. F. Houck M.D.

Medical Attendant.

Address 573 Penna ave Balto md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 3867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno. F. Wiegand

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* 11 *Months,* 2 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ____

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 112 Fort. Avenue

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Canton ad Cemetary

Date of Burial, July 6th 1875

Undertaker, Mr Frohlich

Place of Business, Canton ad

Address 118 S Shark St.

J Wolcott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3868

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Harry Slatfort

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ... *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, Leather Business

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 50 S Eutaw

Duration of Residence in the City of Baltimore, 3

Place of Death, {Give street and number.} 50 S Eutaw

Cause of Death, {First (Primary,) Diarrhea / Second (Immediate,) ...

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, July 6th

J. T. Knight M. D.
Medical Attendant.

Undertaker, Philip Sennefelt

Place of Business, No 35 S Eutaw St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8869. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth M. Applegarth

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* 10 *Months,* *Days.*

Color, White

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} 78 Lee St.

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 11.

Undertaker, Boulden

Place of Business, Balto St near Pine

H. N. Briggs M. D.
Medical Attendant.

Address 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3870

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Hughes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 134 S. Bond

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,)

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Rest Myers Com: R. W. Mansfield M. D.

Date of Burial, July 7th 75 Medical Attendant.

Undertaker, H. Frame *Address* 117 S. Broadway

Place of Business, No 280 Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sixth (6) July, 9 o'clock P. M.,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adda Robertson Maiden,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Seven *Months,* ~~Days.~~

Color, Colored *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth "

Place of Death, {Give street and number.} No 8 Sterrett Street

Cause of Death, First (Primary,) Whooping Cough.

Second (Immediate.) Pneumonia.

Duration of Last Sickness, Eight (8) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9 1875

Geo. W. Alderdice M. D.
Medical Attendant.

Undertaker, F. W. Chase

Place of Business, No 198 Howard St *Address* No 15 Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 3872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Chas Edwin Herring

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 7 *Months,* *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line}

Occupation, Broker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Residing & in Phila. during his entire life

Place of Death, {Give street and number.} 401 Park Avenue Cor. Mt. Vernon St

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,) Uremic Convulsions

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park Cemt

Date of Burial, July 8th 1875

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Avenue

G. H. Rowe M. D.
Medical Attendant.

Address Cannon St - Park Avenue
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Heinrich Zarnitz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Two *Months,* eight *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} 0

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and number.} 10 N. Liberty St

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ground

Date of Burial, July 7th 1875

Undertaker, John C Gordon

Place of Business, 63 Park Ave *Address*

G Wape *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 7 1875 BALT. HEALTH

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Reed

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Guilford Street

Cause of Death, First (Primary,) Summer complaint

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, July 7th 1875

James Stewart M. D.

Undertaker, M. A. C. Penn

Place of Business, 448 W. Pratt St

Address Commis of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Edi[illegible] information by Ellen Haw — mother

Board of Health, City of Baltimore,

Permit No. 3875 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Moore (Alias Mary A Johnson)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty eight *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) —

Second (Immediate,) Apoplexy

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 7th 1875

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, Jacob Cross

Place of Business, —

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edwin Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of ~~Residence in the City of Baltimore~~, Residence Pittsburg Pa

Place of Death, {Give street and number.} N° 554 Franklin

Cause of Death, First (Primary,) albuminuria

Second (Immediate,) Coma

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 8th 1875

T. Thurlow M. D.
Medical Attendant.

Undertaker, D. Godey & Son

Place of Business, 41 Hanover St *Address* N° 116 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 8877.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

Date of Death, July 6 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Kelly

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 2 years

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Tumor of Brain

Second (Immediate,) Coma

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 7 1875

{*Undertaker,* James O Byrne
Place of Business, N° 63 N Gren St

Daniel Cahill M. D.
Medical Attendant.

Address St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Frances Kate

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 15 *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 11 years 15 days

Place of Death, {Give street and number.} 6 Arguith St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Ground Fairfield Road

Date of Burial, July 8th 1875

Undertaker, Thos J Hughes

Place of Business, 60 E Balto *Address* 84 Eutaw St

Chas Mayer *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3879

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Mary O. Connor

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 100 E. Chester Street

Cause of Death, {First (Primary,) Pneumonia — Second (Immediate,) Debility - General -

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem Ground Rent M. D.

Date of Burial, July 8th 1875

Undertaker, H. M. Lehmeyer Address Commiss of Health & Registrar

Place of Business, Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Son - Martin O. Connor

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgianna [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, — *Years,* 10 *Months,* 6 *Days.*

Color, Bright Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 85 Wayne St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 85 Wayne St

Cause of Death, { First (Primary,) Consumption

Second (Immediate,) Thro Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 7th 75

{ *Undertaker,* John B Williams

{ *Place of Business,* 187 Lee st

J Shelly M. D.

Medical Attendant.

Address No 260 South Eut St

Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 3881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

Date of Death, July 6th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Edward Hughes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 3 Months, 13 Days.

Color, White *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, from birth

Place of Death, { Give street and number. } 309 E. Lombard st

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Cerebral Menin

Duration of Last Sickness, Five (5) weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltim. Cemetery

Date of Burial, July 8th 1875

Undertaker, Hughes & Leo

Place of Business, 658 Broadway *Address* 658 S. Broadway

G. L. Wilson, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3882 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Dresel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 2 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 7 n Hillen St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) "

Duration of Last Sickness, 4 years —

All the above information should be furnished by the Physician.

Place of Burial, St. alphonsus

Date of Burial, July 8 1875

Undertaker, Geo Saffran

Place of Business, 121 Penn ave

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Geo Saffran

[OVER.

Board of Health, City of Baltimore,

Permit No. 3883. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Foyles

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 14 Amstead Lane

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 17 1875 Herbert & Co. *M. D.*

Medical Attendant.

Undertaker, John Stockhaus

Place of Business, 11 & Light St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William T. Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 64 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Grocer & Business

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland, United States

Duration of Residence in the City of Baltimore, About Thirty-25 years

Place of Death, { Give street and number. } 243 Lamvale St. Baltimore

Cause of Death, { First (Primary,) Softening of Brain & Paralysis / Second (Immediate,) Fever

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 8

Undertaker, C H Blizzard

Place of Business, cor of Lamvale & Eutaw St

Edwd H White M. D.

Medical Attendant.

Address [redacted] Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 3885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 6 87 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 95 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 95 Years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First (Primary,) Acute Dysentery

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery Chas Powell, M. D.

Date of Burial, July 7th 1875 Medical Attendant.

Undertaker, Andrew Leitz

Place of Business, 118 and N. 4th *Address* 93 Wilson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Friis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 68 N. Castle

Cause of Death, First (Primary,) supposed the Excessive use of Liquors

Second (Immediate.)

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Christian Cemetery

Date of Burial, July 7th 1875

Undertaker, Carl Koenig

Place of Business, 136 E. Fayette

Thos. Kelly M. D.

Medical Attendant.

Coroner

Address 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

From information

Board of Health, City of Baltimore,

Permit No. 3887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Hr- J Adreon May E Adreon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~about 45~~ 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} Cor of Lexington & Strieker Sts.

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 2½ Mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetary

Date of Burial, July 7th 1875

{ *Undertaker,* Hughes & Co
{ *Place of Business,* Fayette & Republican

H C Hallow M. D.
Medical Attendant.

Address 58 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3888

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Norris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 74 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Some years

Place of Death, {Give street and number.} Church Home Infs - N. Divay

Cause of Death, First (Primary,) Ulcer

Second (Immediate,) Age

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Cincinnati Redwood Co Va J. L. Garvin M. D.

Date of Burial, July 7th 1875 Medical Attendant.

Undertaker, ~~Wesley~~

Place of Business, 52 N Broadway *Address* Church Home Infs N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 148)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUL 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday 6th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Goodwin

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~6~~ *Years,* ~~11~~ *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 47 Portland St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 Portland

Cause of Death, First (Primary,) General Debility.

Second (Immediate,) Marasmus Weather

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 7th July

Undertaker, Jos. Lehnen

Place of Business, 345 N Eutaw St

Dr H Brune M. D.
Medical Attendant.

Address Jacob Forsyth St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Kaufman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unfelbach Mittenberg

Duration of Residence in the City of Baltimore, and Washington

Place of Death, {Give street and number.} 200 S. Charles st

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,) Uremia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C. O A Cooke *M. D.*

Date of Burial, 8th July 1875. Medical Attendant.

Undertaker, Friends *Address* Cor Lee & Wanner sts

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transcript 149

Board of Health, City of Baltimore,

Permit No. 3891

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lurlina Morris Cooper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 187 Jefferson Street

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate.) Congestion of the brain

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physicians.

Place of Burial, Greenmount Cemetery

Date of Burial, July 8th 1875

Undertaker, M. A. Daugherty

Place of Business, 74 S. Broadway

Milton A. Taylor M. D.
Medical Attendant.

Address No. 140 E. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3892.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th. 9.30 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathilda Schrader

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* five *Months,* four *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 66 N. Eden st

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 8 1875

Undertaker, Chas Reuling

Place of Business, 136 E. Fayette

S. Friedenwald M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 3893 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Wallis

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 4 *Months,* *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } U. S

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } no 1 Lemmon Alley

Cause of Death, { First (Primary,) Consumption
Second (Immediate,) Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, July 7th 1875

{ *Undertaker,* Wm James Gray
{ *Place of Business,* 65 Madison St

W W Sutton M. D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38924 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

Date of Death, July 6 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hayden

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ~~97~~ 97 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 70 years.

Place of Death, {Give street and number.} 233 Biddle

Cause of Death, First (Primary,) - Old Age

Second (Immediate.) Exhaustion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 7th 1875

J. E. Chatard Jr M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 416 Druid Hill Ave *Address* 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No 3895

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

Date of Death, July 6 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Johnstone

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 79 Arch street (19)

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, July 7th 1875

Frank Seamon M. D.
Medical Attendant.

{*Undertaker,* A. Weidemeyer
{*Place of Business,* 578½ W. Baltimore st, *Address* 57 N Pacas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3896 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margt. Gammage,

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 89 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Q. Ireland

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and number.} 219 Lemmal

Cause of Death, {First (Primary,) old age 2

{Second (Immediate,) " 2

Duration of Last Sickness, 6 hrs

~~Doctor called Once at all, but sis this in order~~
~~that the family may be permitted to bury~~

Place of Burial, Green Mt. Cem. Louis M. Eastman M. D.

Date of Burial, July 7th 1875

Undertaker, Adam Waidemeyer

Place of Business, 578 W. Baltimore St. *Address* 349 East St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3897

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Cairns

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ball.

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} Lombard St Infirmary

Cause of Death, First (Primary,) ...

Second (Immediate,) Meningitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters, C.

Date of Burial, July 7, 1875

T. A. Ashby M. D.
Medical Attendant.

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Bath St *Address* Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2898

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended ~~any~~ person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George M. Hoffman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Twelve *Years,* some *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower;*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Martinsburg, Va

Duration of Residence in the City of Baltimore, about one week, on a visit.

Place of Death, {Give street and number.} 229, W. Fremont Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina maligna. —

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Union Town Carroll Co Morris Weiner M. D.

Medical Attendant.

Date of Burial, July 7th 1875.

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave *Address* 249 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 150

[OVER

Board of Health, City of Baltimore,

Permit No. 3899

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

Date of Death, July 6 1875 6 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Markel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pfeichtenhausen Bavaria

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 78 N. Wolf

Cause of Death, First (Primary,) Phthisis or Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 8 th.

Undertaker, H. Fifer

Place of Business, S. Bond st 151

James E. Emmett M. D.
Medical Attendant.

Address 296 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3900.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lew Binwald & Mathild Barwald (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ____ *Years,* ____ *Months,* Three Weeks. *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dallas St. N 92.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Dallas St. N 92.

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate.) Ac Da.

Duration of Last Sickness, was sick from the beginning of Birth

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, July 7th

Dr. M. Court Hamel **M. D.**
Medical Attendant.

Undertaker, Leonhardt Keyser Baltimore *Address*

Place of Business, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...numbers below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 3901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 7
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Lenzmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ... *Days.*

Color, White

Sex,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 112 N Bethel St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Fifth German Reform

Date of Burial, July 8th 1875. Wm. L. Russell M. D.

Medical Attendant.

Undertaker, Geb. Schlenker

Place of Business, 214 Eastern Av. *Address* Broadway & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3902

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALTERNATE JUL 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charlotte Lentz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 86 Hanover St

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum,

Duration of Last Sickness, Seven days,

All the above information should be furnished by the Physician.

Place of Burial, St. Petrus. beg. near Canton

Date of Burial, July 7th 1875

Undertaker, H. A. Dauzer

Place of Business, 74 S. Broadway

Nicholas L. Sisk M. D.
Medical Attendant.

Address 247 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3903

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 7 1875

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } José Antonio Pizzaro

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 93 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Ex Spanish Consul

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Spain

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, { Give street and number. } St Agnes Hospital

Cause of Death, { First (Primary,) Diarrhoea
Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cath.c Cem.t Edwd. F. Mitchell M. D.

Date of Burial, 8th July 1875 Medical Attendant.

Undertaker, Henry W. Jenkins *Address* 279 W. Lombard

Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ction, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 3904

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie May Pitcher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 9 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Baltimore

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 7th 1875.

C. C. Richardson M. D.
Medical Attendant.

Undertaker, H. Lenk

Place of Business, 417 W. Balt st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ures below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

Date of Death, July 7th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Huff.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 21 *Days.*

Color, *Sex,* Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, — 21 days —

Place of Death, { Give street and number. } 1 Locust St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Lanitis.

Duration of Last Sickness, 8 or 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 8th.

{ *Undertaker,* Henry Brill / *Place of Business,* Hennette St 81 }

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...the Penalties below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Edith Clara Hopkes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* Thirteen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, One month & thirteen days

Place of Death, {Give street and number.} # 11 Prond St

Cause of Death, { First (Primary,) Intestinal Stomach & Bowels
Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, July 8, 1875

James S. Smithson M. D.
Medical Attendant.

{*Undertaker,* J. B. Blackistone *Address* 1084 N Eutaw St
{*Place of Business.* 606 Bath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ly invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

Permit No. 3907

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Herman F. Beinke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 15 *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 47 E. Pratt St

Cause of Death, First (Primary,) Convulsions - artificial Nursing

Second (Immediate,) "

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem'y James F. Steuart M. D.

Date of Burial, July 8th 1875

Undertaker, W. Hackman

Place of Business, 26 Bank St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. Hackman undertaker

OVER.

Board of Health, City of Baltimore,

Permit No. 3908 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1975 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 4 July 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Johann Schmidt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 9 *Months,* 1 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ob. 21. Monument St.

Duration of Residence in the City of Baltimore, " Life

Place of Death, { Give street and number. } No 110. Greenmount Ave.

Cause of Death, { First (Primary,) / Second (Immediate.) } Cholerine

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 8 - 1875

Dr. F. Lachan M. D.
Medical Attendant.

{ *Undertaker,* John F Rodenmayer / *Place of Business,* 102 E Monument St } *Address* No 103 S. Wolfe St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3909 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac H Ross

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty five *Years,* Six *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sussex Co Delaware

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} No 68 Wilkins alley

Cause of Death, First (Primary,) Pleurisy and Pneumonia

Second (Immediate,) Phthisis and Hydrothorax

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Seaford Co. Delaware

Date of Burial, July 9. 1875

Undertaker, S M Chase

Place of Business, 192 S. Howard st

J. A. Sayers M. D.
Medical Attendant.

146 Hill st
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 157)

Board of Health, City of Baltimore,

Permit No. 3910 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 7 1875 HEALTH DEPT. BALTIMORE

Date of Death, July 7th, 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Horsey

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 39 *Years,* *Months,* *Days.*

Color, African *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, House wife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Worcester Co Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 101 Raborg st

Cause of Death, { First (Primary,) Second (Immediate,) } Pulmonary Consumption

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, July 9. 1875

H Darby M. D.
Medical Attendant.

Undertaker, Samuel W Blaze

Place of Business, 198 S. Howard st Address 1113 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transmit 1874)

[OVER.

...ferred to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 3911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michal Joseph Canvan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, — *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 27 Hillen St Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 27 Hillen St Balto

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 8th 1875

{ *Undertaker,* J B Cook
{ *Place of Business,* No 707 N Balt St

John A Rinden M. D.
Medical Attendant.

Address 134 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No 3912

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1876 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th July 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George a Reason

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* 7 *Months,* 8 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 158 Williams St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 10 Ds,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 8 75-

Undertaker, Hopkins & Owens

Place of Business, No 263 Light St

R. W. DODGE M. D.
Medical Attendant.

Address 207 Hanover St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ticularly attention to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 6 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, Days.

Color, Black Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 26 Wayne st

Cause of Death, {First (Primary,) Cholera Infantum.

Second (Immediate,) ~~Two days~~ Two days

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7 1875

W H Hebb M. D.
Medical Attendant.

Undertaker, B M Chase

Place of Business, No 198 Howard St *Address* 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3944 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Lighthiser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, 37 years in United States

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 147 Welcome Alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 8

Undertaker, H Brick

Place of Business, Henrietta St 81

L. C. Buck M. D.

Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3915

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha McLaughlin

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 60 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) "

Second (Immediate,) Abdominal Tumor –

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt'd Cemetery

Date of Burial, July 8 1875

Edw'd F. McHolland M. D.
Medical Attendant.

Undertaker, Robert F. Boyle

Place of Business, 1 E Lib't

Address 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ba... ...erse.

Board of Health, City of Baltimore,

Permit No. 3916

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL ... 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Barnard McKeown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No 60 Holliday St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, July 8 1875

Geo B. Reynolds *M. D.*
Medical Attendant.

{*Undertaker,* Joseph F Byrne *Address* No 34 N. Albert

{*Place of Business,* 59 n Fred

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmi Greve

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 15 *Months,* 24 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Central Aven. 2 doors from Front

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. Abram B. Arnold M. D.

Date of Burial, July 8th 1875 Medical Attendant.

Undertaker, Henry Synder

Place of Business, 223 Gaul St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ferred to the remarks below, and to List of Diseases on ba... ...ert...

Board of Health, City of Baltimore,

Permit No. 3918. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1873 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mc Donald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 8 1873

Undertaker, James O'Byrne

Place of Business, No 63 N Frent St *Address* 235 N. Broadway.

W. B. O'Reilly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Virginia Maria Coster

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* 19 *Days.*

Color, White *Sex,* female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 330 East Madison St

Cause of Death, {First (Primary,) Effects of heat; Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 8th 1875

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, James, P. Byrne

Place of Business, No 63 N Front St

Address 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...penalty attached to the remarks below, and to List of Diseases on ba... Cer...

Board of Health, City of Baltimore,

Permit No. 3920

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Reiss

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, about 25 *Years,* *Months,* *Days.*

Color, W^te *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Huckster

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt^o

Duration of Residence in the City of Baltimore

Place of Death, { Give street and number. } 23 Walnut alley

Cause of Death, { First (Primary,) Intemperance Second (Immediate,) Suffocated after Drunkenness

Duration of Last Sickness, 5 minutes

All the above Information should be furnished by the Physician.

I did not see this man until he was dead - I was called to see him after death

Place of Burial, Western Cem^y

Date of Burial, 8th July 1875

6 Winslow M. D.

Medical Attendant.

{ *Undertaker,* Andrew Leitch

{ *Place of Business,* 118 Druid Hill Ave

Address 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...the remarks below, and to List of Diseases on ba... Ce...

Board of Health, City of Baltimore,

Permit No. 3921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1873.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Jane Lamar

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* ... *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 4 S. Dallas St

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8th 1873

John A. Connor M. D.
Medical Attendant.

Undertaker, William H. Dungee

Place of Business, No 104 East St. *Address* S. W. Cor Boundary & Ball st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...carefully attended to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 July 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Schaarmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ab. 48 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Michelstadt, Hesse, Germany

Duration of Residence in the City of Baltimore, ab. 24 years

Place of Death, {Give street and number.} No. 104 Fred'k. Road

Cause of Death, First (Primary,) Rheumatism, Endocarditis.

Second (Immediate,) Marb. Bright's. Hy. Dropsy.

Duration of Last Sickness, ab. 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 5th July 1878

C. Hattmer M. D.
Medical Attendant.

Undertaker, J. Pabst

Place of Business, 50 Fremont St. *Address* 57 Wagner Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ferred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3923

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 July 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Sobwallenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 16 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10. 20 Fredr road

Cause of Death, {First (Primary,) / Second (Immediate,)} Hydrocephalus acutus

Duration of Last Sickness, ab. 12 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 8 July 1875

Dr Hattmeier M. D.
Medical Attendant.

Undertaker, J. H. Pardus

Place of Business, 20 Fredrick st. *Address* 57 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara B. Urban

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* 21 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 66 Albemarle St.

Cause of Death, First (Primary,) Diphtheritic Scarlatina

Second (Immediate,) Apnoea - False membran in Trachea

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Baronyard

Date of Burial, July 9th

Undertaker, Wm Frey

Place of Business, 91 Eutaw Ave

Jno. F. Powell M. D.
Medical Attendant.

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ba... ...is Certificate.

Board of Health, City of Baltimore,

Permit No. 8925 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Nannie.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Two weeks ~~Years~~ ~~Months~~, ~~Days~~.

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 103 Hamburg st

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and number.} St Andrews Hospital.

Cause of Death, First (Primary,) Exhaustion from Heat

Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Paul cemetery

Date of Burial, July 8 1875

Undertaker, McGonell Bros

Place of Business, Saratoga st

Address

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3926

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Entwes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} 257 Race St

Cause of Death, First (Primary,) old age

Second (Immediate,) Congestion of Brain 1 week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 9th

Undertaker, H. Brick

Place of Business, Hennette St 81

Mowry M. D.

Medical Attendant.

Address 76 Race St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ctors is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3927

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 6 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aaron H. Stockton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty Eight *Years,* Four *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brick Burner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 312 N Bond St

Cause of Death, First (Primary,) ~~Paralysis~~ Splenic abscess

Second (Immediate,) Debility & Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. Thomas Shearer M. D.

Date of Burial, July 8. 1895 Medical Attendant.

Undertaker, Wm. A. Sauer

Place of Business, 924 S. Broadway Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...directed to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3928

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 372 Sharp St

Cause of Death, First (Primary,) I did not see the Child before death.

Second (Immediate.) from the parents account of the symptoms the Child had Cholera Infantum

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks R. C. Ground

Date of Burial, July 8th 1875 Theodore D. Re M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross st. Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...particularly referred to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL

Permit No. 3929

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 11 *Months,* ~~—~~ *Days.*

Color, Black *Sex,* male

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 Douglas St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) " more

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8th 1875

Undertaker, Jas H. Davis

Place of Business, Saratoga St

James H. Lemart M. D.

~~Undertaker or Physician.~~

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Brother

...ers to Sexton, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL

BALTIMORE

Permit No. 3930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. Charles Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* — *Months,* — *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Caroline st C

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8/1875

Undertaker, James H Davis

Place of Business, No 12 Saratoga st

D. J. Cryan M. D.
Medical Attendant.

Address 129 N High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 8 BALTIMORE

Permit No. 3931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Duncan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 273 Canton Ave,

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, July 8th 1875

Undertaker, W.C. Eckhard

Place of Business, 269 Canton Ave

C. Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Selenia Griffith

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 3 *Days.*

Color, Colored *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 94 Orchard St

Duration of Residence in the City of Baltimore, 10 mo. 3 da

Place of Death, {Give street and number.} 48 Oxford St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8th 1875

J. A. Gillis M. D.
Medical Attendant.

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St *Address* 23 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...ease on list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ellen Pollard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* & 6 *Days.*

Color, Colored *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7 Oxford St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8th 1873

Undertaker, Wm Jones Son

Place of Business, 65 Mulberry St

L E. Atkinson M. D.
Medical Attendant.

Address 209 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...specially invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 8 HEALTH DEPARTMENT BALTIMORE

Permit No. 39314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur S Stephens

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 14 *Days.*

Color, Col *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 95 Chesnut alley

Cause of Death, { First (Primary,) Indigestion
Second (Immediate.) Convulsions

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8th 1875

{ *Undertaker,* W M James Son
Place of Business, 45 Mulberry st

B L Pennington M. D.
Medical Attendant.

Address 210 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

[illegible] is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 8 HEALTH DEPARTMENT BALTIMORE

Permit No. 3935,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frances Jones

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 26 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 135 Lexington Street

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Francis Xavier Catonsville B. C

Date of Burial, July 8th 1875

Undertaker, Chas H. Davis

Place of Business, Saratoga St

James H Chaney M. D.

Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by her next friend Frances Cobb

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Chas. Powell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 20 *Days.* 12

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} W Pratt St near Monroe

Cause of Death, {First (Primary,) Cholera Infantum — Second (Immediate,) Congestion of Brain, Convulsions de

Duration of Last Sickness, Two days

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery M. D. Regester M. D.

Date of Burial, July 9th 1875 Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Caroline St. *Address* 845 N Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 1875

Permit No. 3937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Dean

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 9 — *Months,* 9 — *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 10 East St

Cause of Death, First (Primary,) — Dentition

Second (Immediate,) do —

Duration of Last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, A. Mathai

Date of Burial, July 9 1875

Undertaker, Wm Rossing

Place of Business, 136 E Fayette *Address* Balto

Dr. Dodson *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 39,55

...spection of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnetta E. Kraft

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 2 Yrs 4 Months

Place of Death, { Give street and number. } 18 St. Carlton St.

Cause of Death, { First (Primary,) Scarlet Fever

Second (Immediate,) 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mont Maria

Date of Burial, July 9

Undertaker, Elbert

Place of Business, 11 & Baltimore 767

J. Shelton Hill *M. D.*

Medical Attendant.

Address 1320 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ferred to the Formulas below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie May Frazier

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 weeks *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 159 N Stricker St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Diphtheria

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 9th

Elias L Price M. D.
Medical Attendant.

Undertaker, Joseph Jones

Place of Business, 112 S Bethune St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3940

...operation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3940 OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antonio Stulka

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one hour *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bald city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Central Ave N° 36

Cause of Death, { First (Primary,) / Second (Immediate.) Asthenia

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus James A Steuart M. D.

Date of Burial, July 9th 1875

{ *Undertaker,* Pleasants / *Place of Business,* ——— } *Address* Comr of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by the Father in Charge of Parish

[OVER.

No. 3911

...protection of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 9 1875

Permit No. 3911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Carvast

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 524 Duncans alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemty

Date of Burial, July 9 1875

Undertaker, Parents

Place of Business,

James A Steuart M. D.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Mary Reptick Midwife

...remarks below, and to List of Diseases on back of this Certificate.

3912

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 9 1875

Permit No. 3912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875 - 4 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Meier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Black Smith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hessen Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 12 South St.

Cause of Death, First (Primary,) Femoral - Aneurism

Second (Immediate,)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Western cemetary

Date of Burial, July 15th 1875

James E. Smith M. D.
Medical Attendant.

Undertaker, J. B. Koch.

Place of Business, 707 West Baltimore

Address 996 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3943.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Common Coins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 28 *Days.*

Color, Brown *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 82 S. Bethel St

Cause of Death, First (Primary;) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loanel Cemetery

Date of Burial, July 9th 1875

Undertaker, John W. Locker

Place of Business, 65 S. Wolf st

Whitfield Viney M. D.
Medical Attendant.

Address 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Kitty Harrison~~ 8th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kitty Harrison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore

Place of Death, {Give street and number.} 47 Camden St

Cause of Death, {First (Primary,) Age

{Second (Immediate,) Ent Anasarca,

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Shadyside Ground

Date of Burial, July 9th 1875 C. Stadtmuller M. D.

Medical Attendant.

Undertaker, John E Gordon

Place of Business, 63 Park St *Address* 53 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 39415

...ication of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

Permit No. 39415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William G. Schächer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Portland & Cl. st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 10. 1875

Undertaker, Jacob Gemmerth

Place of Business, 241 Lexington st

C. E. Ruddenbach M. D.

Medical Attendant.

Address No 106 Chew st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE.

Permit No. 3946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Underwood

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 70 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 575 W. Fremont Street

Cause of Death, {First (Primary,) Cardiac disease

{Second (Immediate,) congestion of lungs.

Duration of Last Sickness, death sudden

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 7

Undertaker, Mr Schalmers

Place of Business, Penn avenue

Mahlon Brown M. D.
Medical Attendant.

Address 20 W. Fidale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillie May Perkins

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 M. 2 D. *Years,* *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 2231 E. Pratt St.

Cause of Death, { First (Primary,) Scrofula — Exanthema
Second (Immediate,) }

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 10th 1875

Undertaker, Hughes & Co

Place of Business, 65 Broadway *Address*

G. L. McKim, M. D.
Medical Attendant.
69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 9 1 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marion Mitchel Bennett

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 6 *Months,* 5 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Druid Hill Avenue 69

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 10th 1875 I. E. Baldwin *M. D.*
Medical Attendant.

{*Undertaker,* John D. Lovett *Address* 124 n. Eutaw st
{*Place of Business,* 69 E. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 3949

...ction of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie — illegitimate

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 9 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Debility

Second (Immediate,)

Duration of ~~Last Sickness,~~ Principal weight at birth 3lbs.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Mahony Brewer M. D.

Date of Burial, July 10. 1875 — Medical Attendant.

Undertaker, L. L. Chalmers *Address* 201 N. Biddle St.

Place of Business, Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3950

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emmett King

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 9. 1875

Undertaker, J. J. Chalmers

Place of Business, Penn Ave

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Mrs~~ Mary Owens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* ——— *Months,* ——— *Days.*

Color, White ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mathews Co Virginia

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 142 William St.

Cause of Death, { First (Primary,) old age
Second (Immediate,) Debility
Several years

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 9 1875

Undertaker, Armstrong & Denny

Place of Business, 263 Light St Address Hanover Bare sts

R. C. Lee, M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8752

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 1875 BALTIMORE

Permit No. 3952 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dr David. B. McLaughlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Anglo-Saxon *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto: City —

Duration of Residence in the City of Baltimore, Upwards of 40 years

Place of Death, {Give street and number.} No 10 Waverly Terrace - Cary St Balto:

Cause of Death, First (Primary,) Fatty degeneration of Heart

Second (Immediate,) (Dropsical) effusion into sack of heart

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, 10th July 1875

Undertaker, A.N. Dedrick & Son

Place of Business, 16 Light St.

Alf. H. Powell M. D.
Medical Attendant.

Address 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3953

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 1885

Permit No. 3953

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Myers.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, {Give street and number.} 281 Orleans St.

Cause of Death, First (Primary,) Carcinoma.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Loyd St Cem. C. Glanville, Rusk M. D.

Medical Attendant.

Date of Burial, July 9th

Undertaker, Wm. Eden

Place of Business, 101 Gough St. *Address* Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ____

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

Permit No. 3954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Alfred Ray

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Four Months, Sixteen Days.

Color, White Sex, Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 299 Bond St Bond St

Duration of Residence in the City of Baltimore, Four Months & Sixteen days

Place of Death, {Give street and number.} 446 E. Chase St

Cause of Death, First (Primary,) Miningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, July 10 1875

Undertaker, Barnes & Byrne

Place of Business, No 630 W Fremont St

A Hartman M. D.
Medical Attendant.

Address No 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 3933

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE.

Permit No. 3933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edenora Hall.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 hours ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 5. E. Front Street

Cause of Death, First (Primary,) Premature.

Second (Immediate,) asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 9th 1875

Undertaker, L. S. Lancaster

Place of Business, E. Pratt St

James A Steuart M. D.

Address Commiss of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by Edenora Wiley Aunt

No.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 9 1875

Permit No. 3956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not Known

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — —

Duration of Residence in the City of Baltimore, — —

Place of Death, {Give street and number.} Henderson's Wharf

Cause of Death, First (Primary,) —

Second (Immediate,) Accidental drowning

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, East, Potters Field

Date of Burial, 9th. July

Undertaker, Wm Conroan

Place of Business, 5 Bank,

Thos. Kelly M. D.
~~Medical Attendant.~~
Coroner

Address 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3957

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 BALTIMORE

Permit No. 3957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Renard & Jas. Taylor (Parents)

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1½ Years ~~Days.~~

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 40 Low Street

Cause of Death, First (Primary,) ———

Second (Immediate,) Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery — James H. Keenan M. D.

Date of Burial, July 9th 1875 — Medical Examiner

Undertaker, W. H. Burgee

Place of Business, East St — *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by undertaker mcdurk

No. 3958

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE

Permit No. 3958

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Gerbig

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, one *Years,* 4 *Months,* 6 *Days.*

Color, white *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 70 Portland pl.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, July 10

Undertaker, Ch. Ramsey

Place of Business, 136 E Fayette

A. Miller M. D.
Medical Attendant.

Address 95 S Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3959

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richmond Peter Canty,

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 4 m *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, all his life,

Place of Death, {Give street and number.} 43 Woodyear Alley.

Cause of Death, First (Primary,) Unknown,

Second (Immediate,) Cholera Infantum,

Duration of Last Sickness, 24 hours,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 9 1875

Undertaker, James D Byrne

Place of Business, No 68 W Fayette St

Danl L Byrne M. D.
Medical Attendant.

Address 366 N. Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3960

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 9 BALTIMORE

Permit No. 3960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jennie White Davy

Sex, Male or Female, { Cross out the word not required in this line. } ——

Age, one *Years,* Four *Months,* Seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 31 N. Strieker St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 10th 1875

Undertaker, John S Meecher

Place of Business, No 80 Canden *Address* Edmondson Ave near Carrollton Av

John S. King *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen S Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 160 S. Howard

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem D. W. Webster M. D.

Date of Burial, 10 July Medical Attendant.

Undertaker, A. Muller *Address* 57 Barnet

Place of Business, 86 N. Price

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7 95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Baumiller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 329 William St

Cause of Death, {First (Primary,) Infantile Cholera a Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Hebron Cemetery

Date of Burial, July 10

{*Undertaker,* C. H. Krause

{*Place of Business,* 209 Hanover St *Address*

L. Rau M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3963

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th July, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Schuppe

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 236 Hollins St

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 236 Hollins St.

Cause of Death, {First (Primary,) Premature birth, Second (Immediate.) only about 8 mo's.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore county

Date of Burial, July 10

John Hood *M. D.*
Medical Attendant.

Undertaker, Keyser & Cook

Place of Business, 107 W. Baltimore *Address* 234 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3911

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUL 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Burket Annie Burke (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 Hours ~~Days~~

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 3524 Mulberry Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery James A Stewart M. D.

Date of Burial, July 10th 1875 ~~Medical Attendant~~

Undertaker, P. Kinnett

Place of Business, Mulberry st

Address Commissioners of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Michael Burke - Father

No. 3

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael & Eva Ragaut

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Federal & Gay Sts (Head opened)

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery James A Steuart M. D.

Date of Burial, July 10th 1875

Undertaker H. Hoffman *Address* Commrs of Health & Registrar

Place of Business, Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Michael Ragaut (Father)

No. 3966

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lotta Santag

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} female

Age, 74 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} Aged Womans Home

Cause of Death, First (Primary,) Cirrhosis of Stomach Liver & Kidney

Second (Immediate,) Exhaustion

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 10th 1875

Henry R Noel M. D.
Medical Attendant.

Undertaker, Hy M Jenkins Son

Place of Business, 16 Light

Address 10 N. George St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3967

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Dehl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 12 & 9 Hammond Alley

Cause of Death, First (Primary,) Inflammation of Stomach

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, July 10th

Undertaker, W. F. Diffel

Place of Business, S. Bond St 151

R. Edward Miller M. D.
Medical Attendant.

Address 142 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3968

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 10 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9 July 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thalia Flaherty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months,* *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 14 Sterling St Balto

Duration of Residence in the City of Baltimore, 1 ft mo

Place of Death, {Give street and number.} No 14 Sterling St Balto

Cause of Death, First (Primary,) Congestion Brain

Second (Immediate,)

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Gettysburg Pa

Date of Burial, July 10 11 Oclock

J H Patterson *M. D.*
Medical Attendant.

{*Undertaker,* Cooley & Rodenmyer *Address*
{*Place of Business,* 38 Eason

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 153)

No. 1969

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha E. Marshall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 226 Cornelia Alley

Cause of Death, First (Primary,) Fright

Second (Immediate,) Natural (Instantly Heart Disease)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 10 1875

Undertaker, [illegible]

Place of Business 190 S. Howard St

Address 98 Lee Alley

Medical Attendant Chas. H. Lemmon M. D.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3990

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 10 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Jenkins

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 17 Rose

Cause of Death, { First (Primary,) Placenta Praevia / Second (Immediate,) Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial July 10. 1875

H. Griffith *M. D.*
Medical Attendant.

Undertaker, S. McChase

Place of Business, 194 S. Howard St Address 117 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3971

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Roseline Harper.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 23 Collington Ave.

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Chronic Dysentery

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Co

Date of Burial, July 11th

Undertaker, Hughes & Co

Place of Business, 660 S Broadway

G. Glanville Rich M. D.
Medical Attendant.

Address Balto Washington Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3972

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Hilt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* 18 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 406 Eastern ave.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery E. A. Holden *M. D.*

Date of Burial, July 10th 1875 Medical Attendant.

Undertaker, R. H. Gibney

Place of Business, 341 Canton Ave. *Address* 60 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 22

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Adam Soeder

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } M

Age, 55 *Years,* *Months,* *Days.*

Color, W ~~Sick,~~

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Fruit packer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, { Give street and number. } 409 Light St

Cause of Death, { First (Primary,) Phthisis

Second (Immediate.) Ex Insanity

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 12 de 1875

Undertaker, C F Krause

Place of Business, 209 Hanover St *Address*

D Deale Hays M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2911

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine Josephine Trenkamp

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, 4 Months, 7 Days.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 238 E. Eager

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, A. Alfonsus Cem P. G. Dausch M. D.

Date of Burial, July 10 1875 Medical Attendant.

Undertaker, Henry Hock

Place of Business, 3 & 5 Canal Ave Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9913

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaiah Sigmund

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 93 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pavaria

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 258 Madison Ave. Baltimore

Cause of Death, {First (Primary,) old age

{Second (Immediate,)

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, 11th July 1875

F. Donaldson M. D.
Medical Attendant.

{*Undertaker,* H. Meyer. *Address* 108 Park Ave.
{*Place of Business,* 106 N. Howard St. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3976

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT 1875 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Bell Scherer.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Five months. *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} In the city of Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Woodyear St. 32.

Cause of Death, First (Primary,) Chronic entero-colitis

Second (Immediate,)

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetry St. Joseph Sisters. *M. D.*

Date of Burial, July 11 Medical Attendant.

Undertaker, James J Chalmers *Address,* N. Bay St. 414.

Place of Business, Pennava

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

for Burials

Board of Health, City of Baltimore,

Permit No. 3977

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William & Nancy Hodges (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Months, 5 Days.

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Corset Court

Cause of Death, {First (Primary,) Asthenia

{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, H. Potters Field

Date of Burial, July 10 1875

Undertaker, M. H. C. Perry

Place of Business, W. Pratt St

James A. Steuart M. D.

Address Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sylvia Hardcastle Midwife

[OVER.

No. 9975

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Cleveland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 426 Balt St

Cause of Death, First (Primary,) Cholera Infan.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. H. S. Mason *M. D.*

Date of Burial, July 10th, 1875 Medical Attendant.

Undertaker, Wm. H. Hickman,

Place of Business 234 & 236 W. Gay St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3979

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3979.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Catherine Shaw

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 17 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 1 x Alley Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1 x Alley

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary Geo. W. Benson M. D.

Medical Attendant.

Date of Burial, July 10th 1875

Undertaker, James H Davis *Address* 1561 Hanover st

Place of Business, No 12 Saratoga st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 39

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Denby

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 163 Hoffman St near Park Ave

Cause of Death, First (Primary,) Exhibition Certificate Nurse

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James F. Stewart M. D.

Date of Burial, July 10 1875

Undertaker, John C. Jordon *Address* Comm'r of Health & Registrar

Place of Business, Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Informant Phoebe Denby (mother)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

No.

Board of Health, City of Baltimore,

Permit No. 3981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Emma Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ 2 *Years,* 5 *Months,* ~~—~~ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} House Court

Cause of Death, { First (Primary,) Dentition

Second (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10th 1875

{ *Undertaker,* John B. Williams

{ *Place of Business,* 5th St

James H Stewart M. D.
Attending

Address Comm'rs of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Eliza Sherman
Next friend

No. 19

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

Permit No. 3982 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant and named, give names of parents.} Clara Waters

Sex, ~~Male,~~ *Female,* {Cross out the word not required in this line.}

Age, about 53 or 60 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore. Dont Know

Place of Death, {Give street and number.} 60 Sarah Ann St

Cause of Death, { First (Primary,) Organic disease of heart
{ Second (Immediate,)

Duration of Last Sickness, about two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10th 1875

{ *Undertaker,* Thos S Hughes
{ *Place of Business,* 40 E Balto

D. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert[illegible]

Board of Health, City of Baltimore,

Permit No. 3983

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine McManus

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 37 yrs *Years,* *Months,* *Days.*

Color, White. *Sex,* Female.

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, about 21 years

Place of Death, {Give street and number.} Baltimore 79 E. Biddle St.

Cause of Death, First (Primary,) —

Second (Immediate,) Consumption.

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 11 1875

Undertaker, James O Byrne

Place of Business, No 630 Eutaw St

Wm. H. Stokes, M. D.
Medical Attendant.

Address 141 St Paul St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...make returns of all Permits ...

No. ...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certifi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gibmeyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 20 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 Gist Street

Cause of Death, First (Primary,) Common Complaint.

Second (Immediate,) Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, July 11 1875

James A Stewart M. D.
Attending Physician.

Undertaker, H. H. Gibmeyer

Place of Business, 341 Canton ave

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Gibmeyer (Uncle)

No. 3985

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3985 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 10 1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliz Evans.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, white *Sex,* Female

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 32 Hampstead St

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 11th 1875

Ernst Kleinert M. D.

{*Undertaker,* Peter Braun / *Place of Business,* 77 S. Howard St} *Address* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Peter Braun Undertaker

No. 398

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3986

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Powers

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, *Years,* *Months,* 22 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 91 Albemarle

Cause of Death, { First (Primary,) Inanition

{ Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent cemetery P. G. Dausch, M. D.

Date of Burial, July 11 1875 Medical Attendant.

{ *Undertaker,* James O Byrne

{ *Place of Business,* No 63 Bro Front St *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 3987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud Louise Lenhart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 0 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 66 Centre St

Cause of Death, {First (Primary,) Cancer of Intestines

{Second (Immediate.)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery H. J. Mudd M. D.

Date of Burial, July 12th 1875 Medical Attendant.

Undertaker, H. W. Jenkins & Son *Address* 117 St Paul St

Place of Business, 16 Lightst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 11 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann O'Donivan

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.} Female

Age, 26y *Years,* *Months,* *Days.*

Color, White *Sex,* Fem

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Factory

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cork Ireland 6 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hanover No 5

Cause of Death, First (Primary,) Consumption

Second (Immediate,) in

Duration of Last Sickness, 1 1/2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem Richd Sappington M. D.

Date of Burial, July 12 - 1875 Medical Attendant.

Undertaker, John J Rodenmyer *Address* 132 N Gay St

Place of Business, 102 E Monument St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Bal...

No. ...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST...

Permit No. 3989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Schrader

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1. *Months,* 14 *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.° City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 6 & 11 Eden St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) ...

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balt.° Cemetery

Date of Burial, July 11 1875

Undertaker, Ch.s Korsing

Place of Business, 136 Etaylette

Ernest Stewart M. D.
~~Medical Attendant~~

Address Com.s of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Sexton

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3990

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida. Alicia Johnson

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Negro *Sex,* female

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 103 N. Durham St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Pneumonic Abscess

Duration of Last Sickness, 3 or 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11th 1875

Undertaker, William N. Dunga

Place of Business, No 104 East St.

Wm Montgomery *M. D.*
Medical Attendant.

Address 76 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A Reed

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Forty One years six months & Sixteen days

Place of Death, {Give street and number.} # 32 Front Avenue

Cause of Death, First (Primary,) Abortion.

Second (Immediate.) Congestion of Lung

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 12th 1875

James F. Luthicum M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, # 707 W Baltimore St *Address* # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3992

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. R. H. Keller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shipping Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 66 Yrs

Place of Death, {Give street and number.} Washington University, St,

Cause of Death, First (Primary,) Apoplexy from Fatty

Second (Immediate,) Diseased Cellulitis.

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, 12th July 1875

Undertaker, H. H. Deckinis Son

Place of Business, 16 Light St

A. L. Yoe M. D.
Medical Attendant.

Address Washington University City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 21.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3793

HEALTH DEPARTMENT
SEP 17
1875
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Maria Penpon

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 59 East St.

Cause of Death, First (Primary,) Whoop. Infantum

Second (Immediate.)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, July 11th

Date of Burial, Laurel Cemetery Jas. M. Wayson M. D.
Medical Attendant.

Undertaker, W. N. Munger

Place of Business, 104 East St *Address* 18 Stiegel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th July 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs John Harman Smith

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Married,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Lady -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia

Duration of Residence in the City of Baltimore, about one year

Place of Death, { Give street and number. } 53 Liberty St. Balto.

Cause of Death, { First (Primary,) Convulsions. (Eclampsia. P.) / Second (Immediate,) Parturition. Childbirth

Duration of Last Sickness, one week -

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, July 11th 1875

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address* 47. Franklin St.

M C Van Bibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Issued 1874

OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 3995

Board of Health, City of Baltimore,

Permit No. 3995 OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John George Stubenrauch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* Eleven *Months,* Thirteen *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 225 South Sharp St

Duration of Residence in the City of Baltimore, 6 years, 11 months 13 days

Place of Death, {Give street and number.} 225 S. Sharp St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, ~~Eight~~ Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13th 93

Undertaker, Adam Waidemeyer

Place of Business, 518½ W. Baltimore St. *Address* 129 Sharp St

W. D. Cl[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 3996

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3996

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Nelson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Seven Mo. 11 Weeks, *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 13, Harmony st,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 Harmony st,

Cause of Death, First (Primary,)

Second (Immediate.) Marasmus,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Shurpe st

Date of Burial, July 12

Geo C Ogle Coroner M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Baltimore st Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 3997

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

Permit No. 3997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John G Thiele

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 1 *Months,* 25 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Columbia Av Dist 122.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsion

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Lutheran cemetery

Date of Burial, July 12 1875

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

C. L. Buddenhagen M. D.

Medical Attendant.

Address No 106 Columbia Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3998

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

Permit No. 3998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Engels

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 0 *Months,* 0 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 322 Aliceanna St.

Cause of Death, First (Primary,) Scrophulosis

Second (Immediate,) Diarrhea chronica

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 12th.

C. Finke M. D.
Medical Attendant.

Undertaker, H. Diffel

Place of Business, 1. Wood st. Address 102 S. Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

Permit No. 3999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard T. H Hollyday,

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, Years, 5 Months, Days.

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Vincent Alley near Saratoga St

Cause of Death, { First (Primary,) Cholera Infantum, Second (Immediate,) ~~Five days~~ Convulsions. Five days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Israel ~~Baltimore~~ County

Date of Burial, July 13

W. H. Rigeler M. D.
Medical Attendant.

Undertaker, H B Cook

Place of Business, 709 W Baltimore *Address* 845 W Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT 1875

Permit No. 14 11 0 0

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Clare Jones

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, *Years,* Eleven *Months,* *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } .....

Cause of Death, { First (Primary,) Scarlatina

Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, H Peters

Date of Burial, July 12

Undertaker, J B Cook

Place of Business. 707 W Balto *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

Permit No. 4001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Frederick Bommer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Five (5) *Months,* Twenty six (26) *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 243 Collins St

Cause of Death, First (Primary,) Cholera Infantum from Teething

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, July 13

Undertaker, J B Cook

Place of Business, 707 1/2 Baltimore St *Address*

James F. Loutherman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of B... No. 11

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875.

Full Name of Deceased, { White legibly and spell correctly. If an infant not named, give names of parents. } Carrie Inez Freeman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, *Years,* *Months,* 14 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore ~~Md~~

Duration of Residence in the City of Baltimore, 10 months & 14 days

Place of Death, { Give street and number. } "83 Parkin St

Cause of Death, { First (Primary,) Bronchitis / Second (Immediate,) }

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 12

H. H. Biedler ~~M. D.~~
Medical Attendant.

Undertaker, J B Crook

Place of Business, 707 W Baltimore *Address* 231 W. Lombard st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11,113

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet ann Dickerson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 675 S. Bethel St

Cause of Death, First (Primary,) ———

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St B. G

Date of Burial, July 12th 1875

Undertaker, John H. Locke

Place of Business, Wolf St

James A. Steuart M. D.

Address Commissr of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by William Dickerson Father

No. 4011

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 12 1875 RECEIVED

Permit No. 41004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Brunell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rochester Co Md

Duration of Residence in the City of Baltimore, 2 y 9 months

Place of Death, {Give street and number.} 262 E Fayette

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 12th 1875

Undertaker, Wm. H. Hickman *Address* 53 E. Pratt St

Place of Business, 2340 E. Gay St.

W. Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keeper of Certificates of all Permits for Burials

No. 1 1 1 3

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

Permit No. 4005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Married Stand.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* 6 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Lombard / Wood N of Mound Ld SS.

Cause of Death, { First (Primary,) Cholera Infantum. / Second (Immediate,) 18 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery John L. F. Hoyer *M. D.*

Date of Burial, July 12th 1875 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, Fayette & Republican *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11216

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4006

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George L. Rufus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 8 mon- 7 days

Place of Death, {Give street and number.} No 414 Lexington St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetary

Date of Burial, July 12th 1875

Undertaker, Hughes & Co

Place of Business, Fayette & Republican St

Pembroke M. Hamble M. D.
Medical Attendant.

Address No 203 N. Sharp St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

Permit No. 14007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Louisa McCabbin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 6 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 95 Schroder street N

Cause of Death, First (Primary,) Teething

Second (Immediate,)

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 12 1875

Undertaker, McCaull Bros

Place of Business, 31 Saratoga St

D W Darby M. D.
Medical Attendant.

Address 143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1875 BALTIMORE MD.

Permit No. 4008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward S. C. North.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 17 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Warren Avenue

Cause of Death, First (Primary,) Feeble at birth

Second (Immediate,) Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, 12th July

Undertaker, Armstrong & Kemp

Place of Business, Cor. Lib. & Montg

H. N. Dodge M. D.
Medical Attendant.

Address 207 Hanover St Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE MD.

Permit No. 41119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Frederick

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 16 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 411 S Canton Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) .....

Duration of Last Sickness, Last Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 12 July

Undertaker, J. Bohrn

Place of Business, 36 Thames St. *Address* 411 S Bond St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 12 1875 RECEIVED

Permit No. 4010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hinkle Hinkle

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* Seven *Months,* five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 260 E. Baltimore St Baltimore Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 260 E Baltimore St

Cause of Death, { First (Primary,) / Second (Immediate,) Pneumonia

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 12th 1875

J. W. McConnell M. D.
Medical Attendant.

{ *Undertaker,* Henry Hook
{ *Place of Business,* 28 South Gay St

Address 28 South Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Brooks

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 357 Sharp St

Cause of Death, First (Primary,) Supposed to be Cholerica Infantum

Second (Immediate,) I did not see the child during its Sickness

Duration of Last Sickness, about no Physician sweet 12

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem. Theodore Cotta M. D.

Date of Burial, July 12th 1895 Medical Attendant.

Undertaker, Walter Koehler

Place of Business, Cross & Sharp Sts *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Ph[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isabella A Bruce

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 78 *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } No 7 N. Stricker St

Cause of Death, { First (Primary,) Disease of the heart.
Second (Immediate,) Dropsy

Duration of Last Sickness, Six (6) months

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 13th

Undertaker, Hughes & Co

Place of Business, Fayette & Republican

Thomas Shaw M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} I. O. B. = Suttle's child Isaac O. B. Jr. Jane T. =

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 3 hours 0 *Days.*

Color, White. *Sex,*

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Not Selected

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 766 N. Pratt St,

Duration of Residence in the City of Baltimore, 3 hours

Place of Death, {Give street and number.} 766 N. Pratt -

Cause of Death, First (Primary,) Premature Birth.

Second (Immediate,)

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Co.

Date of Burial, July 12 -

Undertaker, Jas. B. Crooke -

Place of Business, 713 Balto St,

John Neff M. D.
Medical Attendant.
558 N. Dayette St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11111

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 0 1 1 4

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

BALTIMORE HEALTH DEPARTMENT JUL 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Pauline Savoy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 1 yrs

Place of Death, {Give street and number.} Balt. Long's alley No 1

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th 1875

Undertaker, Wm F Gray

Place of Business, 65 Saulsbury St

A F Ruhrah M. D.
Medical Attendant.

Address 57 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Pumphrey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Col'd *Years,* 6 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 N. Mary St

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *M. D.*

Date of Burial, July 12 - 1875 Medical Attendant.

Undertaker, John Jordan *Address* 23 McCulloh

Place of Business, Cathedral St 63 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4016

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Wheatley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 570 West Balto st

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) 12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolt Church —

Date of Burial, July 12 — 1875

D. P. Hoffman

M. D.

Medical Attendant.

{*Undertaker,* J. B. Blackistone & Son *Address*

{*Place of Business,* 606 Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm James Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years & 11 months

Place of Death, {Give street and number.} 261 Mcdonough st

Cause of Death, First (Primary,) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, July 12th 1875

Undertaker, William N. Langer

Place of Business, No 104 East St.

Wm. L. Purnell M. D.
Medical Attendant.

Address 1 Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ Male

Age, One *Years,* Seven *Months,* ~~Days.~~

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Nineteen Months

Place of Death, {Give street and number.} No 61 North Wolf St

Cause of Death, {First (Primary,) Hydrocephalus ? Second (Immediate,)

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 12 - 1875

Undertaker, Wendel Dippel

Place of Business, Bond St

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 4018

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 318 W Baltimore St

Cause of Death, {First (Primary,) Cholera Infantum Second (Immediate,) Convulsions

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th 1875

Undertaker, Wm. A. Linn & Sons

Place of Business, No 104 East St.

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Phys

Permit No. 1 4 0

The Physician who atten
out, to the undertaker or oth
sooner, if requested so to do,

NO PERM

Date of Death,

Full Name of Deceased,

Sex, Male or Female, { Cr re

Age, One

Color, W

~~*Married, Single, Widow*~~

~~*Occupation,*~~

Birthplace, { State or country (a long in the United St of foreign birth.

Duration of Residence in

Place of Death, { Give street an number.

Cause of Death, { First (P
Second (

Duration of Last Sickne
All the above information sh

Place of Burial, St. M

Date of Burial, July

Undertaker, Bond

Place of Business,

Extract from Re

SECTION 2. And it be fur
of the Physician who attende
within forty-eight hours aft
setting forth, as far as the sam
deceased, and the cause and da

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~*accurately filled out*~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Leary

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, *Years,* 20 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Never married,

Occupation, Idont Know

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt°

Duration of Residence in the City of Baltimore, 20 Months

Place of Death, {Give street and number.} 62 McMechen St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cimetery

Date of Burial, July 13th 1875

R Winslow *M. D.*

Medical Attendant.

Undertaker, John S. Macher

Place of Business, 150 Camden St *Address* 486 Pa Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 11 21

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUL 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fesale Motley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* 2 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 110 S. Bethel

Cause of Death, {First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, July 12 th 1875

{*Undertaker,* John W. Lowber

{*Place of Business,* 65 S. Wolf St

G. L. Mitchell M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha J. Gatch.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 8 *Months,* 27 *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widowed or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 56 Forrest St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th 1875.

J. W. P. Yates. M. D.
Medical Attendant.

Undertaker, John R. Locke

Place of Business, 63 S. Wolf st *Address* 163 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th day of July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara May Slaby

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, From birth to death

Place of Death, {Give street and number.} 606 West Lombard St

Cause of Death, {First (Primary,) Inflamation of Brain

{Second (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary *D. P. Hoffman* *M. D.*

Date of Burial, July 12th 1875. Medical Attendant.

Undertaker, J. B. Cook, *Address* 279 Fayette st.

Place of Business, 702 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Kraft

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Adams Co. Pa.

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and number.} Lombard St. Infirmary

Cause of Death, {First (Primary,)

{Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alfusos *T. A. Ashby* *M. D.*

Date of Burial, July 12th Medical Attendant.

Undertaker, Peter Kinnacott *Address* Univ. Hospital

Place of Business, 317 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of I

Permit No. 44 (

The Physician who a
out, to the undertaker or
sooner, if requested so to

NO PE

Date of Death,

Full Name of Deceased

Sex, Male or Female,

Age,

Color,

Married, Single, Widow

Occupation,

Birthplace, { State or country long in the Unite of foreign birth.

Duration of Residence

Place of Death, { Give stree numb

Cause of Death, { First / Secon

Duration of Last Sick

All the above information

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Extract from

SECTION 2. And it be
of the Physician who atte
within forty-eight hours
setting forth, as far as the
deceased, and the cause and

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT 1875 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Delia Harrison

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Midwife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co. Pa.

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, {Give street and number.} No. 8 China St.

Cause of Death, First (Primary,) Debility.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 12 1875

Geo. H. Lea M. D.
Medical Attendant.

Undertaker, B. H. Grace

Place of Business, No 198 Balt. [illegible] St *Address* 128 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Carroll

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Scholar

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First (Primary,) Cholera

Second (Immediate.) Congestion of Brain

Duration of Last Sickness, Abt 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 12 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Oscar J Carlin M. D.
Medical Attendant.

Address St Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED JUL 12 1875

Permit No. 4027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Overmann

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 2 *Months,* 17 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 244 n. Central Av.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, N. Ephraim Cl

Date of Burial, July 13 1875

Undertaker, Henry Hoeck

Place of Business, 317 Central Av.

P. G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 1875

Permit No. 14028

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Kohler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* Two *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 5 Middlekein 21 —

Cause of Death, First (Primary,) — Teething

Second (Immediate,) Convulsions —

Duration of Last Sickness, — 24 days —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 13th 1875

Undertaker, John Hoffman

Place of Business, Eden St

Wm Dohme M. D.
Medical Attendant.

Address 8 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Taubert

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3y 8m 17d — *Years,* — *Months,* — *Days.*

Color, White — *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Shirtmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 226 N. Charles St

Cause of Death, First (Primary,) Valvular disease of heart

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 13th 75

Undertaker, A. Weidemeyer

Place of Business, 578½ W. Baltimore St.

H. Kluan M. D.
Medical Attendant.

Address 23 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1875

Permit No. 4030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Parker (C)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60. *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wood Sawer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} E. S. Maryland

Duration of Residence in the City of Baltimore, No. 1. Harmoney Lane

Place of Death, {Give street and number.} Western Police Station

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Geo C Ogle Coroner

Date of Burial, July 11 1875 Medical Attendant.

Undertaker, S W Chase

Place of Business, 194 S. Howard St *Address* 229 Cary St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
JUL 13 1875

Permit No. 4131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Smith

Sex, Male or Female, {Cross out the word not required in this line.} ---

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland, Balto

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} 47 Vincent St.

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12.75

Undertaker, C M Chase

Place of Business, 192 S Howard St *Address* Cor Frederick Ave & Mount St Balto Md.

James Bailey *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Rose Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, Colored *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not known Howard Co Md

Duration of Residence in the City of Baltimore, 12 or 14 years

Place of Death, {Give street and number.} 18 Boyd St at her Cousins

Cause of Death, {First (Primary,) / Second (Immediate,)} Gastro. Enteritis

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Montgomery. County Md

Date of Burial, July 13. 1875

Undertaker, Samuel. M. Chase

Place of Business, 194 S. Howard St *Address* N 164 N. Howard St

Becker Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40133

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~separately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Hubbon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Forty Two *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 334 East Baltimore

Cause of Death, First (Primary,) Cause not Known to me

Second (Immediate,) Cancer of the Uterus

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Milton A. Taylor M. D.

Date of Burial, July 13th 1875 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway, Address No 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 12 1895 BALTIMORE

Permit No. 40314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Parks

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 442 Light St

Cause of Death, First (Primary,) Pneumonia,

Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Howard Bond M. D.

Date of Burial, 13 July 1895 Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Gallin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, three *Years,* Eleven *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 46 William St

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 13th 1875

E. F. Cooper M. D.

Medical Attendant.

Undertaker, Geo. C. Rodenmaier *Address* 169 W. Fayette

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11036.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT JUL 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12. /

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm H Austin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 22, *Years,* 7 *Months,* 18 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Scroll Sawyer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 363 Sharp St

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 13 1875

{ *Undertaker,* Chas S. Howard

Place of Business, 161 Hanover St

Thos Ober M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Peters

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 1 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 395 W Pratt St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 13/75

Undertaker, Wm. Leupold

Place of Business 491 W. Balto. St. *Address*

J. Schmidt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Buchenaur

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 24 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. } Unmarried

Occupation, Mutton Butcher

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Seven years

Place of Death, { Give street and number. } 32 N Central Ave

Cause of Death, { First (Primary,) Hepatic Derangement / Second (Immediate,)

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 14. 1875.

Undertaker, Chas Koenig

Place of Business, 136 E. Fayette.

Nicholas Cathell **M. D.**
Medical Attendant.

Address 42 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4039.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Catharine Hunt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* *Months,* 19 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 52 S. Durham

Cause of Death, { First (Primary,) Diarrhoea

Second (Immediate,) One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Methodist Benny *M. D.*

Date of Burial, July 14. Medical Attendant.

Undertaker, E. Dippel

Place of Business, S. Bond st 151 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sean Slaupt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 8 *Months,* 2 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 89 S. Bethel St.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetry

Date of Burial, July 13

Undertaker, W. Seifert

Place of Business, S. Bond st 151

Address 102 S. Bond St.

C. Knauf *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11011.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Bruce

Sex, Male or Female, {Cross out the word not required in this line.} ---

Age, *Years,* *Months,* 8 *Days.* 12

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Ridgley St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13th 1875

Undertaker, W. F. Dill

Place of Business, Columbia St 183

M. Cleary *M. D.*

Medical Attendant.

Address 76 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Ward

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 2 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} M d Lying in Asylum 168 W. Lombard

Duration of Residence in the City of Baltimore, 22 days

Place of Death, {Give street and number.} M d Lying-in Asylum 168 W. Lombard St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, Eastpoint Cemetery

Date of Burial, July 13. 1875

Undertaker, Wm Donovan

Place of Business, 6 Penn St

D. Alcock M. D.

Medical Attendant.

Address 168 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Rivis —

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 2 *Months,* 25. *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Lyng-Do Asylum

Duration of Residence in the City of Baltimore, 2½ Mos.

Place of Death, {Give street and number.} Md Lyng-ri Asylum

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) " "

Duration of Last Sickness, 2 Days.

All the above Information should be furnished by the Physician.

Place of Burial, East Baltimore C. F. Bevan M. D.

Medical Attendant.

Date of Burial, July 13 1875

Undertaker, Wm Donovan *Address* 163 Lombard St

Place of Business, 6 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ostby

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* 1 *Months,* 4 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } N. Dover near Fulton

Cause of Death, { First (Primary,) Cholera Infantum.

Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 13

{ *Undertaker,* J B Crook

{ *Place of Business,* 707 W Balto *Address*

A H Sachse *M. D.*
Medical Attendant.
Locust St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Geo & Ellen Cornish

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ~~Years,~~ *Months,* 5 Minutes ~~Days.~~

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 23 Shuter St.

Cause of Death, First (Primary,) Asthenia

Second (Immediate,)

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13 1875

{*Undertaker,* W. H. Dange

Place of Business,

Samuel Shearz M. D.
~~Medical Attendant.~~

Address Comm'r of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Mrs. Nicholas Glasgow
Midwife

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11046

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip W. Kemp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 218 E. Lombard St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 days, unc. birth

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Lot

Date of Burial, July 13th

C. Edward Miller *M. D.*

Medical Attendant.

{*Undertaker,* Jacob Bucher

Place of Business,

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7047.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Maria Rosendale~~ 13th day of July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Rosendale

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* ~~4~~ 7 *Months,* 13 *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saxonia Germany

Duration of Residence in the City of Baltimore, eighteen years

Place of Death, {Give street and number.} 39 N Fredrick St.

Cause of Death, First (Primary,) Phlegmonum

Second (Immediate,) Debility

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 14th July 1875

Henry Salzer M. D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 309 Central Av. *Address* 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th July 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Howard Birch

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* Seven *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, All his life.

Place of Death, { Give street and number. } Pratt near 2d over Mary Ann St.

Cause of Death, { First (Primary,) ____ Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 13th 1875

Henry L. Byrd M. D.
Medical Attendant.

{ *Undertaker,* J. J. Chalmers.
{ *Place of Business,* 262 Penna Ave

Address 366 N. Frederick Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M Garretson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* seven *Months,* eight *Days.*

Color, Dark *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 171 Spring St - South

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 11

Undertaker, Jas H Davis

Place of Business, No 12 Saratoga st

D L Shaw M. D.
Medical Attendant.

Address 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible].

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4050.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Slaine

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* ~~*Months,*~~ *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} Foot of Conway street

Cause of Death, First (Primary,)

Second (Immediate.) Drowned (accidental)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 13 1875

Undertaker, James T Byrne

Place of Business, No 63 & 65 Gay St

Wm. Donavin M. D.
Corner
Medical Attendant.

Address 98 Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11051.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Flower Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 5 *Months,* ___ *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 112 Stirling St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13th 75

Undertaker, Wm. H. Chase

Place of Business, 198 Hill St

J. A. Wise M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11052.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Gertrude Boon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Col'd Years, Months, 7 Days.

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.o City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1147 Mill St.

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel County *Samuel Stewart* M. D.

Date of Burial, July 13 1875. ~~Medical Attendant.~~

Undertaker, Jno B Williams

Place of Business, 107 Lee St *Address* Comptroller's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible].

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11053.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~about~~ 73 *Years,* — *Months,* — *Days.*

Color, ~~Col~~ Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Family Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md

Duration of Residence in the City of Baltimore, about 48 years

Place of Death, {Give street and number.} No 43. Shroff St

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,)

Duration of Last Sickness, ~~12~~ 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14th 1875

Undertaker, John C. Gordon

Place of Business, 63 Park Av.

Felix Gluckins M. D.
Medical Attendant.

Address 148 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b[illegible].

Board of Health, City of Baltimore,

Permit No. 11054

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 Oclock M 12th July, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Gardner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* 5 *Months,* 20 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Marrie

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 33 yrs 5 mos 20 days

Place of Death, {Give street and number.} 83 Franklin St Balto City

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Nearly One year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, July 13. 1875

Undertaker, John C Denton

Place of Business, 63 Park Ave

Wm. J. Worth M. D.
Medical Attendant.

Address 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]ertificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4055.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Ross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, About 55 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 54 Front St. Balt: city Ward

Cause of Death, First (Primary,) Phthisis Laryngea et Pulmonalis

Second (Immediate,) " " " "

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 15th July 1875

Jno. Lloyd Martin M. D.
Medical Attendant.

Undertaker, Thos G Hughes *Address* 38 Mount Vernon Place

Place of Business, Ld & Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 4056.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Hagen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Four *Years,* Four *Months,* Twenty *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 49 Hillen st

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral — E. J. Cogan *M. D.*

Date of Burial, July 14 1875 — Medical Attendant.

Undertaker, Geo C Redemayer *Address* 129 N High

Place of Business, 38 Ensor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4057.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Barret

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 months ~~Years,~~ *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 271 Hoffman St.

Cause of Death, {First (Primary,) Inflammation of Bowels
Second (Immediate,) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 14 1875

{*Undertaker,* J. J. Chalmers
Place of Business, 757 W Balt St

Geo. G. Brown M. D.
Medical Attendant.

Address 258 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side. [illegible]

Board of Health, City of Baltimore,

Permit No. 11158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Holson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty two *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 31 Wasesha st

Cause of Death, {First (Primary,) Bright's disease

{Second (Immediate.)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Bal[illegible]

Date of Burial, July 14th 1875

{*Undertaker,* Jacob Weaver

{*Place of Business,* 164 & 166 Madison Hill Avenue

E Loverlock M. D.
Medical Attendant.

Address 512 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgie Streb

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~3 months~~ 1 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} #228 Dallas St North

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Mt Lebanon Cem

Date of Burial, July 14, 1875

Undertaker, Henry Keech

Place of Business, 309 Central Av

D. H. Grimes *M. D.*
Medical Attendant.

Address 60 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ... Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 4060

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Hond

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 12 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince George County Maryland

Duration of Residence in the City of Baltimore, four months

Place of Death, {Give street and number.} No 8 McElderry Court

Cause of Death, First (Primary,) ...

Second (Immediate,) Scarlatina

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mayers B.G.

Date of Burial, July 14 1875

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, H. Sch... & Sons

Place of Business, No 5A W. 261

Address No 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The [illegible] Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Albert Poole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 10 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 10 mos.

Place of Death, {Give street and number.} No 558 N. Pratt St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 14th 1875

Undertaker, Wm H. Leonard

Place of Business, 782 W. Balto St.

H. C. Spencer M. D.
Medical Attendant.

Address 379 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Bleatman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Don't know

Place of Death, {Give street and number.} Asst. Little Sisters of the Poor

Cause of Death, First (Primary,) old age

Second (Immediate,) Infirmity

Duration of Last Sickness, Don't know

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 14th 1875

Undertaker, H. Schultheis

Place of Business, E. Monument St Address 174 E. Eager St

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The [illegible] Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible] Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4063,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Philips McDaniel,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 2 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Hanbert st. Locust Point.

Cause of Death, First (Primary,) Gastro-intestinal catarrh. Not diarrhoeal

Second (Immediate,) Convulsions.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery A. P. Clarke M. D.

Date of Burial, July 14th Medical Attendant.

Undertaker, Hughes & Co *Address* 237. Gough-st.

Place of Business, 65 & 67 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The [illegible] Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 15 BALTIMORE

Permit No. 14164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Loose

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 53 Forth st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 15 –

Undertaker, Henry Boris

Place of Business, Henrietta St 81

S. L. Buddenbock M. D.

Medical Attendant.

Address St 116 Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

4 SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[illegible] physician is respectfully invited to the remarks below, and to list of diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 14 BALTIMORE

Permit No. 14065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13. 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo M Rost. parents Wm F & Sarah E Rost

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 1? *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 m. 1 yr

Place of Death, {Give street and number.} 484 Franklin St

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) do

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cy Baltimore

Date of Burial, July 14 - 1895

M. D.
Medical Attendant.

Undertaker, J. B. Blackiston & Son *Address* 55 S Paca St

Place of Business, 606 Baltis 27

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Th[illegible] physicians is respectfully invited to the remarks below, and to List of Diseases on Ba[illegible]ve.

Board of Health, City of Baltimore,

Permit No. 4066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

LAB. DEPT. HE... JUL ... BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary [illegible]

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty *Years,* one *Months,* *Days.*

Color, White *Sex,* [illegible]

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number. } [illegible]

Cause of Death, { First (Primary,) [illegible] Second (Immediate,) Paralysis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Wilson, Co.

Date of Burial, July 4th 1875

M. D.
Medical Attendant.

{ *Undertaker,* J. B. Bladenstown & Son *Address*
{ *Place of Business,* 606 Batt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT

Permit No. 4067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 12 Am. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Bluett Brandt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 152 S. Chapel st.

Cause of Death, First (Primary,) Spina Infantum

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 14. 1875

Undertaker, Wm. A. Dreyer

Place of Business, 94 S. Broadway *Address* 69 S. Broadway

G. L. Wilkins *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 15 BALTIMORE

Permit No. 41168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Lyons

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Anthony St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cem

Date of Burial, July 14 1875

J. N. Grimes M. D.
Medical Attendant.

Undertaker, Henry Flook

Place of Business, 309 Central Ave Address 60 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE

Permit No. 4069

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Moody

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 5 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Inmate of Hospital Colored Orphan Asylum

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Colored Orphan Asylum

Cause of Death, First (Primary,) 216 N Riddle Street

Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt A Burying ground

Date of Burial, 15th July 11 O'clock

R Marlow M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address* 27 McCulloh St

No 63 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE

Permit No. 4070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levin Farrow

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Col *Sex,* Male

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Visitor

Place of Death, {Give street and number.} 110 E. Balt. St

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Dorchester Co

Date of Burial, July 13 1875

H. T. Reynolds M. D.
Medical Attendant.

Undertaker, Wm N. Dingle

Place of Business, No 104 East St *Address* 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 15th

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 14 BALTIMORE

Permit No. 4 1 1 7 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo P. Williams

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 1 *Days.*

Color, Black *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Hom Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, ——— how long not stated ?

All the above information should be furnished by the Physician.

Place of Burial, E Potters Field

Date of Burial, July 14 1875

Jamus F Stewart M. D.

Undertaker, W. Donovan

Place of Business, 6 Bank St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Officer N. E. District

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE

Permit No 4072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Francis Dagle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ___ *Years,* 5 *Months,* 16 *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 382 S. Charles St,

Cause of Death, First (Primary,) / Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem. R. J. H. Tall, M. D.

Date of Burial, July 14 1875 Medical Attendant.

Undertaker, C F Krause *Address* 15-8, S. Sharp St,

Place of Business, 209 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances E Brown

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 7 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cele (Baptiste or

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 606 Fayette st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Peters' Cem.

Date of Burial, July 15th

Undertaker, G. B. Blackistone & Son

Place of Business, 606 W. Balt St. *Address* 606 W Fayette st

J S McNeff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4 1174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Eleven *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 y 11 months

Place of Death, {Give street and number.} 10 Davis St

Cause of Death, First (Primary,)

Second (Immediate,) Diphtheria

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 15th 1875

W. Hammond M. D.
Medical Attendant.

Undertaker, J B Bath

Place of Business, No 707 W Bal St *Address* 53 St Paul St Ball-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to that of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 2 1875

Permit No. 4075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th of July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Theresia Fitz

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 7 *Months,* ——— *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover, Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 202 S. Smith.

Cause of Death, First (Primary,) Phthisis Tuberculosa

Second (Immediate,) Hydrops, Marasmus

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Churchyard

Date of Burial, July 14

Undertaker, Hendrick Duffield *Address* 241 S. Baltimore st

Place of Business, 51 Bond st 151

Thos. Mathews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses Waterman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 ~~Years,~~ 9 *Months,* 6 *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, ~~Time~~ One yr.

Place of Death, {Give street and number.} S. W. Cor. Caroline & Eastern Ave

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,)

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Cat rock Cemetery

Date of Burial, July 14

Undertaker, Caroline Duffel

Place of Business, N. Bond st 151

R. W. Mansfield M. D.
Medical Attendant.

Address 112 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4177.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ... *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, { First (Primary,) ..... Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bell. Cemetery

Date of Burial, July 15th 1875

Undertaker, W. H. Gilmore

Place of Business, 341 Canton Av,

Address .....

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July the 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo L Mary Konrig (Parent

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* a few hours *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 382 Alicanna St.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 382 Alicanna St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Asthenia

Duration of Last Sickness, ~~~

All the above information should be furnished by the Physician.

Place of Burial, Alfoncius

Date of Burial, This day

Undertaker, John Braun

Place of Business, 77 S Wolf.

I Ernst Klenk M. D.
Medical Attendant.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by, Mrs Buschmann Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Hicks

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* 14 *Days.*

Color, white *Sex,* male

~~*Married,* *Single,* *Widow* or *Widower*,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ~~52 N. Chappel St~~ Baltimore City

Duration of Residence in the City of Baltimore, since birth.

Place of Death, { Give street and number. } 52 N. Chappel St

Cause of Death, { First (Primary,) Meningitis
Second (Immediate,) }

Duration of Last Sickness, Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Fifth Reformed

Date of Burial, July 14. Evening 4 o Clock Augustus H. Erich M. D.
Medical Attendant.

Undertaker, Henry Baer

Place of Business, Hayander st 252 *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 1 1 8 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14" 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Amos E. Ewing.

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White, *Sex,*

Married, ~~Single Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Th Years.

Place of Death, {Give street and number.} 89. S Wood St.

Cause of Death, {First (Primary,) Disease of Heart,
{Second (Immediate,) Thrombosis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County,

Date of Burial, July 15th 1875

Undertaker, John Thacher, *Address*

Place of Business, No 150 Camden

John. L. A. Bloz, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Carlile

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 15 Days.

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 313 Fawn ale

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 313 Fawn ale

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 14th

{*Undertaker,* L. Schilling

{*Place of Business,* N. Schilling & Co.

F F Darling M. D.
Medical Attendant.

Address 113 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Walker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 4 *Months,* ___ *Days.*

Color, Blk *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} 25 Jenkins Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, Was sick

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 14th 1875

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St *Address*

J. R. Bruce *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Burns

Sex, Male or Female, {Cross out the word not required in this line.} Male

~~*Age,* Years,~~ *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 54 Jefferson St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 54 Jefferson St

Cause of Death, {First (Primary,) Inflammation of Brain

{Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 14th 1875

{*Undertaker,* J James P Byrne

{*Place of Business,* 63 N Front St *Address* 137 Eden St.

2 Phys. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday July 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Samuel Greenwood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 26 *Days.*

Color, Colored *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 84 North St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physicians.

Place of Burial, St Vincents Cemetery

Date of Burial, July 15th 1875

{*Undertaker,* Wm James Gray

{*Place of Business,* 65 Marbury St *Address* No 51 E. Colvert St.

E Mc62 *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 40

The Physician who attend
out, to the undertaker or othe
sooner, if requested so to do, u

NO PERMI

C

Date of Death,

Full Name of Deceased, {

Sex, Male or Female, { Cross
req

~~*Age,*~~

Color,

Married, Single, Widow or

Occupation,

Birthplace, { State or country (and
long in the United Stat
of foreign birth.

Duration of Residence in t

Place of Death, { Give street and
number.

Cause of Death, { First (Pri
Second (I

Duration of Last Sickness

All the above information shou

Place of Burial,

Date of Burial, July

{ *Undertaker,*
{ *Place of Business,* 66

Extract from Reg

SECTION 2. And it be furth
of the Physician who attended
within forty-eight hours after
setting forth, as far as the same
deceased, and the cause and date

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Hensler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 492 Pa Ave

Cause of Death, { First (Primary,) / Second (Immediate.) } Cholera Infantum

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, July 15th 1875

{ *Undertaker,* Andrew Zeis / *Place of Business,* 118 Druid Hill Ave } *Address* 89 N Greene St.

D. L. Keller *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Griffin

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, about 23 *Years,* *Months,* *Days.*

Color, light brown *Sex,* female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Dress

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Crawfordsville Ind

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, { Give street and number. } St. Paul & Lexington sts

Cause of Death, { First (Primary,) Phthisis, / Second (Immediate,) Pulmonary Hemorrhage,

Duration of Last Sickness, Nearly 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 14th 78

{ *Undertaker,* John B. Williams / *Place of Business,* 187 Lee st } *Address* 61 Baltimore

Jno Dickson, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Sutter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19 Stockholm St

Cause of Death, {First (Primary,) / Second (Immediate,)} Chol. Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Stars St B. Co

Date of Burial, July 15th 1875

Undertaker, L. B. Williams

Place of Business, 107 Lee St

James F Steuart M. D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by J. B. Williams Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} I. Heinrich Herpich (Herpick)

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 50 *Years,* 8 *Months,* 9 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Piano House carpenter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 167 Warner St.

Cause of Death, First (Primary,) Carcinoma ~~peritonei~~ Tumors of the

Second (Immediate,) Exhaustion. Stomach

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 15th July

L. F. Reinhard M. D.
Medical Attendant.

Undertaker H. C. Brisle

Place of Business, ~~167 Warner St~~ Henrietta St 81

Address 224 W Fayette, St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Write it so the last time I write this
diagnosis or that it can [illegible] be read.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4189.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Shannessey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 28 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Susquehanna Co. Pa.

Duration of Residence in the City of Baltimore, 3 Months.

Place of Death, {Give street and number.} 67 Thames St.

Cause of Death, First (Primary,) Bitheus.

Second (Immediate,) Cholera Morbus.

Duration of Last Sickness, 3 days Ill.

All the above information should be furnished by the Physician.

Place of Burial, Oswego Co. N. York

Date of Burial, July 15-1875

Undertaker, Mr Thos A. Davis

Place of Business, 74 S. Broadway

Jn B. Powell M. D.
Medical Attendant.

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 158

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin Hewitt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, Restaurant Keeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anns County Maryland

Duration of Residence in the City of Baltimore Five & Thirty Years

Place of Death, {Give street and number.} No Gay Street

Cause of Death, First (Primary,) Chronic Rheumatism

Second (Immediate.) Diarrhoea Acute

Duration of Last Sickness, About 1 month.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 15th 1875 P.M.

Milton A Taylor M. D.
Medical Attendant.

Undertaker, H. C. Hollingsworth

Place of Business, 1241 Eastern

Address No. 100 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miss Susan Jane King

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 65 *Years,* —— *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Elkton Cecil co. Md

Duration of Residence in the City of Baltimore, 53 yrs.

Place of Death, { Give street and number. } 82 N. Carey

Cause of Death, { First (Primary,) ——
Second (Immediate,) Ascites

Duration of Last Sickness, 12 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetary

Date of Burial, July 14th 1875

H. L. Mallon M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, Fayette & Republican *Address* 58 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4092

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Fannie Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 St Mary St

Cause of Death, { First (Primary,) Dysentery
Second (Immediate,) Cond Asthenia

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15 1875

J. E. Atkinson M. D.
Medical Attendant.

{ *Undertaker,* John E Gordon
{ *Place of Business,* 63 Park Ave *Address* 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, colored *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} Basin off Pier No 8 Light St Wharf

Cause of Death, First (Primary,) accidental

Second (Immediate,) Drowning

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, July 15th 1875

Undertaker, S. W. Chase

Place of Business, 198 S Howard St

Edmund Walker M. D.

~~Medical Attendant~~ Coroner M. P. D

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William George Linwood Watson

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ~~Years.~~ 7 *Months,* ~~7~~ ~~Days.~~

Color, Ex, Cabare

~~Married, Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 43 Sharpe St Alley.

Cause of Death, First (Primary,) Dysteary

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loural Cimitry

Date of Burial, on 16 of July

Undertaker, N. Lunzal

Place of Business, East St no 114

J. M. Crull M. D.

Medical Attendant.

Address No 99 north St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kennon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* 2 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queens Town Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} No 35 Scotland St

Cause of Death, First (Primary,) Congested Fever

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park. J. J. Hamilton *M. D.*

Date of Burial, July 15th 1875. Medical Attendant.

Undertaker, J. B. Cook *Address* 203 N. Gay st

Place of Business, 707 W. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...ION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...ysician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ...y-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ..., as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to list of diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Schuyler

~~Sex~~, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 236 Hollins St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 236 Hollins St.

Cause of Death, {First (Primary,) Premature birth.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 15th 1875

{*Undertaker,* A L Cook
{*Place of Business,* 1707 E Balt St

John Hook M. D.
Medical Attendant.

Address 234 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Jane Dunkerley —

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female —

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the words not required in this line.}

Occupation, House Wife —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 104 Washington Road —

Cause of Death, First (Primary,) Inflammation of Bowels —

Second (Immediate,) ~~Ten days~~ —

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 15 1875

Undertaker, J B Bond

Place of Business, N 709 Bal St

W. P. Negeste M. D.
Medical Attendant.

Address 845 M Ballo St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Harriet E. Lucas

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 57 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City - Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } Baltimore 199 St. Paul St

Cause of Death, { First (Primary,) Suicidal Melancholia
Second (Immediate.) Injury to Spine by fall from window

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery Wm. H. Lloyd M. D.

Medical Attendant.

Date of Burial, 16th July 1875

Undertaker, Hy. W. Watkins & Son *Address* 141 St Paul St

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14, 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amos Bond

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. } Male

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. } Widower

Occupation, None Laborer Steadier

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carol county Md

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and number. } 553 N Lanvale St.

Cause of Death, { First (Primary,) Old age 2 days

{ Second (Immediate,)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery Lewis McKenney M. D.

Date of Burial, July 15 1875 County, Medical Attendant.

{ *Undertaker,* W. L. Scott

{ *Place of Business,* 70 N Gay St Address 349 N Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 157)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ... *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICA...

HEALTH ... BALT...

CERTIFICATE OF DEATH.

Date of Death, 15th of July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary M. Kreamer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Four~~ *Years,* 3 *Months,* 1 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} corner ~~Paca~~ Paca & ~~Fra~~ Fremont Hill avenue

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemty

Date of Burial, July 16. 1875

Fred. Kefs M. D.
Medical Attendant.

Undertaker, McCaull

Place of Business, Saratoga St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 14101.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the person deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine C. Schilling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 18 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 244 N. Central Ave.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) (Brain involved)

Duration of Last Sickness, 31 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Abram B Arnold M. D.

Date of Burial, July 16th/95 Medical Attendant.

Undertaker, George Schilling

Place of Business, 244 N. Central Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry S. Dawkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 14 *Days.*

Color, White ~~Sex,~~

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 1 week

Place of Death, {Give street and number.} 99. Exeter St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem W. W. Owings *M. D.*

Date of Burial, July 15 1895 Medical Attendant.

Undertaker, Wm H. McKinan *Address* 166. W Fayette

Place of Business, 1123 Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...sicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Illegitimate

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 16 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 16 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary,) Atrophy
Second (Immediate,) convulsions

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, July 16. 1875

Date of Burial, Cathedral Cem

{*Undertaker,* L. L. Chalmers
Place of Business, Penn Ave

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

physicians are respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 41014

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Mitchell.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 363 E. Fayette, st.

Cause of Death, First (Primary,) Dutenous fall abscess.

Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Lot Howard, Block

Date of Burial, July 16th 1875 M. D.

Medical Attendant.

Undertaker, Hughes & Leo

Place of Business, 65 S Broadway *Address* Balt. & Wash Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Friedrich Schroder

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* 3 *Months,* 6 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~E. Pratt St 97~~ Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 97 E. Pratt St.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 15th

A. E. Reinhardt M. D.
Medical Attendant.

Undertaker, Shilling.

Place of Business, Asquith St. cor Monument *Address* 224 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Timothy Paul Welch.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 14 *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ballo City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 183 West St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate.)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus R. J. N. Tall. M. D.

Date of Burial, July 16 1875

Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address* 15 S. L. Shay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4107.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Bryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, White *Years,* 1 *Months,* 26 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md. Living in Balto. Co. 163 N. Lombard St

Duration of Residence in the City of Baltimore. 1 Mth & 26 Days.

Place of Death, {Give street and number.} 163 N. Lombard St.

Cause of Death, {First (Primary,) Congestion.

Second (Immediate,) 1 Day 20 Hrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, July 15th 1875

Undertaker, W. Donovan

Place of Business, 6 Bank St

D. Alcisbor M. D.

Medical Attendant.

Address 163 N Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...sicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14118

HEALTH DEPARTMENT
JUL 15 1875
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Degenhardt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* Seven *Months,* Twelve *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 127 N Howard St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 16 1875

D. G. Rosen M. D.
Medical Attendant.

{ *Undertaker,* Henry Heath
{ *Place of Business,* 324 Central Ave *Address* 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Joseph Baker.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 14 *Days.*

Color, White *Sex,* Male.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 233 Lombard St.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Convulsions.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Ground. J. Manville Buck M. D.

Date of Burial, July 18th 1875 Medical Attendant.

Undertaker, Henry Sander

Place of Business, 362 Canton Av. *Address* Balt & Washington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 15 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura Virginia Jobs

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 12 *Years,* 5 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Queen Anns Co. Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 1 Thompson A.

Cause of Death, { First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 1 year 11 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15

{ *Undertaker,* William H Dungey
{ *Place of Business,* 62 East St

James F. Dillon M. D.
Medical Attendant.

Address 157 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Zachariah Magness

Sex, Male or Female, { Cross out the word not required in this line. } ....

Age, 77 ~~Years~~ *Years,* 5 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co Md

Duration of Residence in the City of Baltimore, 56 years

Place of Death, { Give street and number. } 110 N Paca St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 17 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery W. W. Cotton M. D.

Date of Burial, July 16th 1875 Medical Attendant.

Undertaker, Jos. Meacham

Place of Business, No 150 Lombard Address 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis Murphy

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 65 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co - Md -

Duration of Residence in the City of Baltimore, For 10 years

Place of Death, {Give street and number.} 421 W Pratt St

Cause of Death, First (Primary,) Bronchitis Asthma Indigestion

Second (Immediate,) Exhaustion

Duration of Last Sickness, Few Minutes

All the above information should be furnished by the Physician.

Place of Burial, Frederick County Md, Richard McSherry M. D.

Date of Burial, July 16th 1875 Medical Attendant.

Undertaker, J. Emmert Macher

Place of Business, 16 So Camden St *Address* 89 W Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 16 &)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4113,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Inman.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 62 S. Dimmock St.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Convulsions.

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, [redacted]dar St Cemetry

Date of Burial, July 15th 1875

G. Glanville Kuck M. D.
Medical Attendant.

Undertaker, John R. Locke

Place of Business, 65 S. Wolf St *Address* Balt & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...cians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Glei

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* ——— *Months,* 14 *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 195 S. Ann.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, July 16th 1875

Abram B. Arnold M. D.
Medical Attendant.

Undertaker, C. Lockhardt.

Place of Business, 209 S. Caroline Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...cians is respectfully invited to the remarks below, and to List of Diseases on back of ...rtificate.

Board of Health, City of Baltimore,

Permit No. 4115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Heubert

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* 27 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 169 Eastern Avenue

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) " "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cemetery

Date of Burial, July 16th 1875

Undertaker, F. Creamer

Place of Business, 219 Canton Ave

James H Steuart M. D.

Address Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by - Geo Heubert (Father)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Henry Clinton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, about Four *Months,* *Days.*

Color, Colored — *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 60 Vincent St. B.C.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 60 Vincent St. B.C.

Cause of Death, First (Primary,) Indigestion, unsuitable food, foul air.—
Second (Immediate,) Marasmus.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15th 1875

E. H. Holbrook M. D.
Medical Attendant.

Undertaker, L. B. Cook

Place of Business, Bald St

Address No. 1 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L Ahrens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} 42 S Eutaw St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, July 16th

Undertaker, W. F. McKeon

Place of Business, 65 S. Eutaw St

I H Carey M. D.
Medical Attendant.

Address 76 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James S Sisler

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, Sixty five Years, Eleven Months, Sixteen Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Boston Mass.

Duration of Residence in the City of Baltimore, Sixty five Years

Place of Death, { Give street and number. } No 512 E Chase St.

Cause of Death, First (Primary,) Cystitis

Second (Immediate,) Ulceration of Bladder.

Duration of Last Sickness, Fourteen months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem. S. H. Hayes M. D.

Date of Burial, July 17th — Medical Attendant.

Undertaker, Jas. H. Keast

Place of Business, 61 & 63 Hay St. *Address* 305 N Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ticians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Pool

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 11 *Months,* *Days.*

Color, Bel *Sex,* male

~~*Married,* Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md.

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 78 Morris alley near Belvidere st

Cause of Death, {First (Primary,) chol. Infantum / Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Remelins G. L. Tanyhill M. D.

Date of Burial, July 15 1875 Medical Attendant.

Undertaker J. W. Chase

Place of Business No 19 Howard st *Address* 129 N Eddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Walter Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 7 months *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Sharp St near Lexington

Cause of Death, { First (Primary,) Dentition or Chron. Intestinal
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15 1875

Undertaker, H M Chase

Place of Business, No 198 Howard St *Address*

Buckler Jones *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 4121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 8 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Theresa Brennan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow or Widower~~

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Potomac St No 34

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Potomac St No 34 Canton

Cause of Death, First (Primary,) Anemia

Second (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cimetery

Date of Burial, July 16th 1875

J. Sullivan *M. D.*
Medical Attendant.

Undertaker, H. M Gibmyer

Place of Business, 41 Canton Ave. *Address* 24 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Driscoll

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 47 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Cook at and centre Market

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Lond Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 78. Centre Market Space

Cause of Death, {First (Primary,) Pneumonia
{Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 16 1875

P. G. Dausch M. D.
Medical Attendant.

{*Undertaker,* Barnes & Byrne
{*Place of Business,* No 63 N Eutaw St Address 27. N. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 17 BALTIMORE

Permit No. 4123,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Denning.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, *Sex,* Fem.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and number.} 143 West St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis.
Second (Immediate,)

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 16 1875

{ *Undertaker,* James P Byrne
{ *Place of Business,* W 63d n Front st

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Crew

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 20 E Pratt

Cause of Death, {First (Primary,) 7all from roof -
Second (Immediate,) ribs & sternum crushed in

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, July 16th

{*Undertaker,* J. B Cook
Place of Business, Carpenter

Edmund Walker M. D.
~~Medical Attendant.~~
Coroner N. P. Dist
Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Chester Marsh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, .. Days.

Color, W Sex, male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ..

Occupation, ..

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 357 Bond St Balto

Duration of Residence in the City of Baltimore, 8 mo

Place of Death, {Give street and number.} 357 Bond St

Cause of Death, First (Primary,) Congestion Brain

Second (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 16th 1875

J H Patterson M. D.
Medical Attendant.

Undertaker, J. L. Kodeymeyer.

Place of Business, York Road & Mount St.

Address St. Paul & Franklin Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Rust Hartman Ferguson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* / *Months,* Seven ~~and~~ & ½ *Days.*

Color, White *Sex,* Male

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth & 22 days

Place of Death, {Give street and number.} 302 E Madison

Cause of Death, First (Primary,) Scrofulosis

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Sick from birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem —

Date of Burial, July 16 – 75

Undertaker, John A. Rodney *Address* 192 Broadway

Place of Business, 102 E Monument St Balto

W. K. Hey *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4127.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Forsythe

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy years *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 60 Dallas

Cause of Death, First (Primary,) Cold

Second (Immediate.) Consumption of Phthisis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Milton A. Taylor M. D.

Medical Attendant.

Date of Burial, July 17th

Undertaker, J. Wilson Brown *Address* No. 100 N. Broadway

Place of Business, 16 North Dar[redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellie May Emmart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Four *Months,* Fifteen *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} No 3 E. Schroeder St

Cause of Death, First (Primary,) Rubeola

Second (Immediate,) "

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, 7 miles in Baltimore county Thomas Opie M. D.

Date of Burial, 16 July 1875 Medical Attendant.

Undertaker, D. R. Cook

Place of Business, No 707 W. Baltimore St *Address* 398 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, It shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Edwin Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower; {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} Lombard St 566

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem Jno Entwisle M. D.

Date of Burial, 16 July 1875 Medical Attendant.

Undertaker, J. F. Brock *Address* No 574 N. Lombard st

Place of Business, No 704 N. ~~Gay~~ Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Faust

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Caldwell 55 Wr.

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Wolfen Cemetery

Date of Burial, 16th July

Undertaker, Henry Brielle

Place of Business, Henrietta W 81

L. F. Reinhard M. D.
Medical Attendant.

Address 724 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4131

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Addison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* — *Days.*

Color, Black *Sex,* —

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Baltimore~~ Maryland

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} No 7 Mason alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Chol. Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery *By* Lano Tanyhill M. D.

Date of Burial, July 16th 1875 — Medical Attendant.

Undertaker, Wm A Gray

Place of Business, 65 Mulberry *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P. Gopsmann

Sex, Male ~~or Female~~, {Erase the word not required in this line.}

Age, 63 *Years,* 4 *Months,* 15 *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~ {Erase the words not required in this line.}

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty one years

Place of Death, {Give street and number.} 54 S. Durham St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemorrhage

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Sat. July 17/75 8 a.m.

Augustus F. Erich M. D.
Medical Attendant.

Undertaker, John Braun

Place of Business, 77 W. Wolfe St. Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Edward Armstrong

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 301 Saratoga St Balto

Cause of Death, { First (Primary,) Rheumatism
Second (Immediate,) Exhaustion

Duration of Last Sickness, ~~a fort~~ a month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 17th

F. J. Miles M. D.
Medical Attendant.

{ *Undertaker,* John R Dear
{ *Place of Business,* 22 2d ~~st~~ Fayette *Address* 14 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Haley

Sex, ~~Male,~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 29 York St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 16th 1875

Herman Bartow M. D.
Medical Attendant.

Undertaker, Chas F. Arnold

Place of Business, 161 Hanover St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4135

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th. July 1875. 9 o clock a Evening

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lingelbach.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 21. *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number.} N. Caroline Street Nro 19.

Cause of Death, { First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above Information should be furnished by the Physician.

Place of Burial, Schlegels Grave Yard.

Date of Burial, July 16.

William Henkel M. D.
Medical Attendant.

Undertaker, H. Hofmann.

Place of Business, 63 N Eden St. *Address* S. Wolfe & Nro. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 7a m. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Fredrich Keck

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Twenty five *Years,* 6 3 month *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Maried

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 454 West Pratt Str

Cause of Death, First (Primary,) Second (Immediate,) Consumption

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, July 16th 1875

John J. Ziber M. D.
Medical Attendant.

Undertaker, Adam Heidemeyer

Place of Business, 518½ W. Baltimore St Address Corner Saratoga & Long ally

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Corner Saratoga & Long ally

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward C. Hickey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, five Months, ten Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 279 Franklin St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, Twenty two days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 17th 1875

H. Whatard M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver
Place of Business, No 476 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud Eshbach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.* 1

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mulberry St. west of Sharp

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 16th 1875

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue

C. H. Jones M. D.
Medical Attendant.

Address 530 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 2 Weeks ~~Months,~~ ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the ~~City of Baltimore,~~ Institution 1 Week

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary,) Atrophy
Second (Immediate,) Collapse

Duration of Last Sickness, Sick when admitted

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, July 17. 1875

{*Undertaker,* Henry Hoeck
Place of Business, 309 Central Ave

Mahony Brown M. D.
Medical Attendant.

Address 2016 E. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...sicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4149 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John & Sarah Elias — Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 hours ~~Days.~~

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 70 Beaston St. (L. Point)

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, July 17 1875

Undertaker, Wilson Fry

Place of Business, Broadway

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information John Elias (Father)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41141,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 16 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Simms

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 5 Months, 16 Days.

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Balto City~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 River alley

Cause of Death, First (Primary,) Cholera Infant

Second (Immediate,) one month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16th 1875

Undertaker, William A. Lunger

Place of Business, No 104 East St.

John S Pennington M. D.
Medical Attendant.

Address 210 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41442

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Virginia~~ Stanley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, ~~Col~~ *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Down Sts.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Chronic Infantum 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16th 1875

A Richey M. D.
Medical Attendant.

Undertaker, S. C. Cruse

Place of Business, Home & Hanover St

Address 30 N. Bromme St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~duplicate~~ *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Odell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 126 York St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17 1875

Undertaker, C. H. Ebaugh

Place of Business, 98 S. Howard St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
415 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 1 4 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore July 16th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha ann Frazier

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Forty *Years.* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Washer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Queen ann's Co.

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, { Give street and number. } No 53. Elbow Lane

Cause of Death, { First (Primary,) } an ulcer

{ Second (Immediate,) } Cardiac dilatation

Duration of Last Sickness, Two Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16.76

Undertaker, S. W. Chase

Place of Business, 198 S. Howard st *Address*

L. D. Dyer *M. D.*

Medical Attendant.

No. 146 Hill st

Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward McGrath

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eighty five *Years,* — *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Fermanagh Ireland

Duration of Residence in the City of Baltimore, Forty six years

Place of Death, {Give street and number.} No 96 Warren St

Cause of Death, First (Primary,) Old age

Second (Immediate,) Nasal Hemorrhage.

Duration of Last Sickness, about ten days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, July 17 1875

Undertaker, James O'Byrne

Place of Business, No 63 N Front St *Address*

F. Thatcher *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ticians is respectfully invited to the remarks below, and to list of diseases on back of ...ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sarah Elizabeth Gillespie

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 21 *Days.*

Color, Col'd *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 84 Dover Street

Cause of Death, {First (Primary,) Summer Complaint / Second (Immediate,) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery — James Allen M. D.

Date of Burial, July 16th 1875

Undertaker, Wm H. Gray

Place of Business, Walbey St — *Address* Commissioners of Health

Informed by Laura Miller the Grand Mother is the Father of the Child

[OVER

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

Permit No. 14147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Dr. Esther Catharine Blume

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bremen

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 445 W. Baltimore St.

Cause of Death, { First (Primary,) Cancer

Second (Immediate,)

Duration of Last Sickness, three years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, 18 of July

Undertaker, John H. Hoover *Address* 121 W. Monument St

Place of Business, 22 Fayette St

J. W. Hilterbrand M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 17
1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel N. Alexander

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Years, Seven — Months, Seven Days.

Color, White *Sex,* Male

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seven months and a week

Place of Death, {Give street and number.} #576 Aisquith St

Cause of Death, First (Primary,) Cholera ~~Infantum~~ Infantum

Second (Immediate.) Exhaustion

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 19th 1875

A. Hartman M. D.
Medical Attendant.

Undertaker, Wm H. Kirkwood

Place of Business, No 234 W. Jay

Address #305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. R. Simmons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* 7 *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 266 Gilmore St.

Cause of Death, First (Primary,) Disorder of Digestion

Second (Immediate,) Exhaustion from Extreme Heat

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 18th

J. W. Owings *M. D.*
Medical Attendant.

Undertaker, W. H. Jenkins & Son

Place of Business, 16 Light St. *Address* 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No 4150

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE MD.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Dyer Remington.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 56 Durst St.

Cause of Death, {First (Primary,) Cholera Infantum. / Second (Immediate,)

Duration of Last Sickness, 2. weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, July 17th 1875

J. E. Harrington M. D.
Medical Attendant.

{*Undertaker,* Charles F. Herold Address 364 Light St.
{*Place of Business,* 161 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No 4151

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dick (Deck)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* 23 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Boiler maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden Germany - 27 years

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} Smith St. no 6 Baltimore

Cause of Death, {First (Primary,) Phthisis pulmonalis.
{Second (Immediate.) in lower part of left lung

Duration of Last Sickness, 7 weeks -

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, July 16th

Septimus Brown M. D.
Medical Attendant.

Undertaker, Jno. Schilling

Place of Business, 92. Penn. Ave

Address 296 Penn. Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT

No. 4152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. A. Spriggs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 55 years.

Place of Death, {Give street and number.} 180 S. Ann!

Cause of Death, {First (Primary,) / Second (Immediate.)} Typhoid Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 18th 1875

R. W. Mansfield M. D.
Medical Attendant.

{*Undertaker,* Armstrong & Lemmon / *Place of Business,* 263 Light} *Address* 114 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 4153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
JUL 17 1875
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucian Hill.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 130 E. Washington.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Meningitis.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Alpha Mens G. Y.

Date of Burial, July 17 at 4 P.M.

Undertaker, L. Beyer

Place of Business, 78 S. Broadway.

G. Glanville, Rock M. D.
Medical Attendant.

Address Balto Washington Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James & Elizabeth Jones (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 1. *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 86. Little M^c Elderry st

Cause of Death, {First (Primary,) Laundice

{Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17th 1875

Undertaker, Jas H. Davis

Place of Business, 12 Saratoga st

Jas H. Stewart M. D.
(Attending Physician)

Address Commiss^r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Sophia Hinds — (Midwife)

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of ...ertificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

...t No. 4153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph H. Frick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 80 E. Eager St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto cemt

Date of Burial, July 17 - 75

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, John H Rodenmayer

Place of Business, 102 E Monument St *Address* 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 17 BALTIMORE

No. 4156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Rohrman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 4 weeks ~~Days~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bayview Asylum

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 Wordyear St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Asthenia

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, July 17 1875

William H. Murray M. D.
Medical Attendant.

Undertaker, M. H. G. Perry

Place of Business, 448 W. Pratt St Address Patterson Ave & Stricker St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard H. Perrine

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Six Months, Twenty Two Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 27 Wolfe St.

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, July 18, 75

Undertaker, John I Rodenmyer

Place of Business, 102 E Monument St

Wm A. Edmondson M. D.
Medical Attendant.

Address 1093 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 41681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th July 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanne Steinzl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— Years, 8 Months, 10 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 183 S. Hoffe St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 183 S. Hoffe St.

Cause of Death, First (Primary,) Spasms (Trismus)

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery Dr. F. Lurkin M. D.

Medical Attendant.

Date of Burial, 16th July

Undertaker, Wm. Nicolaus *Address* No 183 S. Hoffe St.

Place of Business, 258 Alice-Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinan Carpenter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 Eldorado

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above Information should be furnished by the Physician.

Place of Burial, 15 July Laurel Cemetary

Date of Burial,

Undertaker, Jas H Davis

Place of Business, 10 12 Saratoga st

M. Hanna M. D.

Medical Attendant.

Address 76 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* up, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Kuhn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 2 1 *Days.*

Color, white *Sex,* male

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 428 Eastern ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholinfantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. alphonsus

Date of Burial, July 17/93

{*Undertaker,* John Braun / *Place of Business,* 77 Wolf St}

James A Stewart M. D.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Braun (Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Viola May Elliot

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 4 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corner Frederick Ave & Holland St

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, Weakly & sick 4 Mos.

All the above information should be furnished by the Physician.

Place of Burial, ~~Manchester~~ Greenmount Park N. C.

Date of Burial, July 18, 1875

Charles A Geiger M. D.
Medical Attendant.

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St Address No 267 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physician is respectfully invited to the Features below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza C. Kolb

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 8 *Months,* 2 *Days.*

Color, White *Sex,* female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, her lifetime

Place of Death, {Give street and number.} No 98 Hillen Street

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,)

Duration of Last Sickness, about 4 months.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Burial Ground Chas. J. Kluber M. D.

Date of Burial, July 19th 1878 Medical Attendant.

Undertaker, Thos E Hughes

Place of Business, 60 E Balto St Address No 222 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 4163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Linda Connery

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Star Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give street and number.} No 37 Harrison St

Cause of Death, {First (Primary,) Inflamatory Rheumatism

{Second (Immediate,) Five Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincent

Date of Burial, July 17th 1875

Undertaker, Wm. H. Hickman

Place of Business, No 234 N. Gay St. *Address*

Chas. Williams M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Lutz

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 1 *Years,* 13 *Months,* 24 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor. Penn. & Fremont Sts.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Acute Hydrocephalus. Two Weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, the 17th of July

A. H. Zacharias M. D.
Medical Attendant.

Undertaker, P. Kummel.

Place of Business, 311 Mulberry St.

Address 543 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hirsh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Two Months, Two & 1/2 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 95 S Eutaw St -

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) Three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 18 1875

Undertaker, Delong Bros

Place of Business, 89 Saratoga St.

Address 89 Mulberry St.

W. H. Rodman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 4166

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Queen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Seven *Months,* ... *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} No 60 4 Alley

Cause of Death, First (Primary,) ...

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Cemetery

Date of Burial, July 17th 1875

Undertaker, D. M. Chase

Place of Business, 192 W. Monument

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Braxton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lond'n Cover

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Hydro thorax

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, July 17th 1875

Undertaker, W. Donovan

Place of Business, 6 Bank St

Jm. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

4168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Meyer Steigerwald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bread Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and number.} #77 N. Pace (Paca)

Cause of Death, First (Primary,) Carcinoma left mammae

Second (Immediate,) Exhaustion

Duration of Last Sickness, About ten (10) Months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Burying Ground

Date of Burial, July 19th 1895

[illegible] M. D.
Medical Attendant.

Undertaker, Wm. A. Yaeger

Place of Business, 511 S. Broadway *Address* Cor Franklin and Parkin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

4169

...sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah P. Moulton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Edmonson Avenue 2 door From Ongan

Cause of Death, {First (Primary,) Colic

{Second (Immediate.) Senectus

Duration of Last Sickness, seven days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary

Date of Burial, July 18th 1875

C W Cadden M. D.
Medical Attendant.

{*Undertaker,* Hughes & Co

{*Place of Business,* Fayett & Republican St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Henry Klingel Kiefer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* Six *Months,* 27 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widowed, Widower~~, {Cross out the words not required in this line.}

~~Occupation~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Six Months & 27 days

Place of Death, {Give street and number.} No 8. Fell St

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate.)

Duration of Last Sickness, 24 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18th 1875

Undertaker, George Froelich

Place of Business, No 399 Canton Ave

Thomas R. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, white Sex.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 149 S. Chapel St.

Cause of Death, First (Primary,) Acute Dysentery

Second (Immediate,) Convulsions

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Graveyard Phil Road

Date of Burial, July 18th 1875

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Geo Frechtknecht

Place of Business, 339 Eastern Ave *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* by the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Adams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ Months. 12 Days.

Color, Dark brown *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 12 Union st

Duration of Residence in the City of Baltimore, 12 hours

Place of Death, {Give street and number.} No 12 Union st

Cause of Death, First (Primary,) Enemia

Second (Immediate,)

Duration of Last Sickness, 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, July 17th 1875

F. Bohn M. D.

Medical Attendant.

Undertaker, Wm Las Gray

Place of Business, Mulberry st *Address* Cor Dolphi & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4173

...hysician who attended any person in a last illness is responsible for the presentation of this Certific... accurately fille... to the undertaker or other person superintending the burial, within *twenty-four hours* after the death ...aid ...ed, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Louisa Murdock

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* Seven *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 95 St Pauls st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) .. ..

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemtry Thomas Shearer M. D.

Date of Burial, 17th July 1875 Medical Attendant.

Undertaker, Wm. H. Jenkins Son *Address* 97 N. Charles St

Place of Business, 16 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

X a special permit was issued by Dr Thos Shearer for this interment D.C. not in time as time is put above — Wm H Jenkins Son —

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 41744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th July 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josephine Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years. White 3 Months. 21 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Child

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto, Md'a

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 457 Canton Av

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Sick from Birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, July 19th 1875

Undertaker, [illegible]

Place of Business, 541 Broadway

J Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Bath st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4175

HEALTH DEPARTMENT 17 1 BALTIMORE

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, ad...ly filled ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death ... or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margret Murphy

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 1 *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single, Widow or Widower.* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Vincent A Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } B Lemon bet Vincent no 10.

Cause of Death, { First (Primary,) Venetian

Second (Immediate,) Infl. Cerebro Spinal pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 17th 1875.

Undertaker, J B Bart.

Place of Business, No 707 N Bal St

Address

A H Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, if required, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Robinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 15 *Years,* 8 *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Salisbury. Md.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 46 S. Ann Eldery pl

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) Asthenia

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Sydney Cemetery

Date of Burial, July 17th 1875

Undertaker, William A. Dunyee

Place of Business, 104. East St.

D Webster Bethell M. D.

Medical Attendant.

Address 114 Eyster st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1875

CERTIFICATE OF DEATH.

Date of Death, July 16. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza A Morris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, over 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York Pa

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} Lexington St Balto

Cause of Death, First (Primary,) Chronic bowel irritation

Second (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, York. Penna

Date of Burial, July 19th 1875

Undertaker, Chas. A. Souder

Place of Business No 520 W. Baltimore *Address* 55 N. Green St

John M Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 163

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Kahn

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 119 Lowndes st.

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) ____

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery J. J. Dausch M. D.

Date of Burial, July 17th/75 Medical Attendant.

Undertaker, Geo. Schilling *Address* 27 S. Broadway

Place of Business, cor Fay with Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaretta Tolzman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 9 *Months,* 24 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 67 N. Gay St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate.) (Brain trouble)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Strauss & Arnold M. D.

Date of Burial, July 18 "

Medical Attendant.

{*Undertaker,* Andrew Leitz

{*Place of Business,* 118 Druid Hill Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4180

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Marks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, About 15 years

Place of Death, {Give street and number.} Hebrew Hospital, Broadway

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Two weeks in the Hospital

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, Monday July 19th

{*Undertaker,* William Eden
{*Place of Business,* 101 Gough St

C. E. Stein M. D.
Medical Attendant.

Address 137 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4181

...sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard O'Hearn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Canton Park

Cause of Death, First (Primary,) Causes unknown

Second (Immediate,) To jury

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, County Cemetery

Date of Burial, 17 July

Undertaker, John F. Gilbert

Place of Business, 26 Marion

Thos. Kelly *M. D.*
Medical Attendant.

Address 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

From information at inquest

...physician is respectfully invited to the remarks below, and to List of Diseases on Back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 18 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bennet Joynes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Six *Months,* Seven *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} S. Ca. Co. Prath & Caroline Sts

~~Duration of Residence in the City of Baltimore,~~ ———

Place of Death, {Give street and number.} Prath & Caroline Sts

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. | Ft Leavenworth M. D.

Date of Burial, July 18th 10. A.M. | Medical Attendant.

Undertaker, Reed & Hall

Place of Business, 233 E. Balto St. *Address* 117 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11183

...sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Krichbaum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 9 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 107 E. Eager St.

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem Jno. Burke Boyle M. D.

Date of Burial, July 18 - 1875 Medical Attendant.

Undertaker, John I Rodemeyer *Address* 174 E. Eager St.

Place of Business, 102 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

11181

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 18 1875

...ician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary Filynn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Six, Female Widow

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 75 Cambridge st.

Cause of Death, { First (Primary,) Gall-Stones
Second (Immediate,) Jaundice - Blood poisoning

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, June 19th 1875

{ *Undertaker,* Steven Schneider
{ *Place of Business,* W. Baltimore Bergen yard

James F. McShane M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4183

1875

...sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert & Anna Jemison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 3 hours 1 *Days.*

Color, ... *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Preston & Druid Hill Aves

Cause of Death, First (Primary,) Premature Birth

Second (Immediate.)

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery J. T. Knight M. D.

Date of Burial, July 15th 1875

Medical Attendant.

Undertaker, Andrew Daly

Place of Business, 118 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of ... Certificate.

Board of Health, City of Baltimore,

No. 4186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Naylor

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, red *Sex,* Female

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline County Maryland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} Spring st between Biddle & Lan

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Albury Evergreen Cemetery

Date of Burial, July 19th 1875

E. L. Baldwin M. D.
Medical Attendant.

Undertaker, William H. Dugee

Place of Business, No 114 East St. *Address* 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 1137

...hysician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Cornelius Reilly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Eight *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——— Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 196 N. Front St. Balto

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Cholera ~~Infantum~~ Infantum

Duration of Last Sickness, About 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, July 18th 1895

Undertaker, Jas. Payne

Place of Business, Front St

J. D. Thomson M. D.
Medical Attendant.

Via J. D. Latimer

Address 248 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Dr. J. D. Latimer — The attending Physician in the case living out of the city ... Certificate in his hand of J. D. Thomson

Board of Health, City of Baltimore,

No. 1155

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1875

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...er, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Margaret McIntyre

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 19 *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Patterson Park Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 279 E. Paca St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) 3 Month

Duration of Last Sickness, Higbee & Emmert

All the above information should be furnished by the Physician.

Place of Burial, July 18th 1875

Date of Burial, July 19th 1875

Geo. H. Benson M. D.
Medical Attendant.

Undertaker, John S. Maher

Place of Business, Cor. Lander & S. Paca Sts. Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT 1875

CERTIFICATE OF DEATH.

Date of Death, 16th of July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Baly

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

Age, *Years,* 6 *Months,* 11 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N.E. Corn. of Fremont & Fayette Sts

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 18th 1875

L. F. Reinicke M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St. *Address* 224 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians are respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11170

HEALTH DEPARTMENT 18 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* and the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Dolls

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 2 *Days.*

Color, *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 Leadenhall St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 19th

Undertaker, Henry Brill

Place of Business, Hanover St 81

R. J. H. Tall M. D.

Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4191

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Josephine Albert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~2~~ Years, — ~~Months,~~ 14 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 49 N. Carey St. Balt.

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} 49 N. Carey St

Cause of Death, { First (Primary,) Cyanosis
Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem't

Date of Burial, July 18th 1875

Undertaker, Jacob Weaver

Place of Business, No 456 Druid Hill Ave

Wm. R. Walton M. D.
Medical Attendant.

Address 781 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 11192

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Phillips,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 1 *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Born & Lived 12 Years & 1 Months

Place of Death, {Give street and number.} Home for Aged Women

Cause of Death, {First (Primary,) Softening of Brain

{Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount H. M. Nelson

Date of Burial, 19 July.

Undertaker, H W Jenkins & Son

Place of Business, 16 Light *Address* 287 Mad. Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4193

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Letia Elizabeth Passebrige

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, — — — *Years,* — 10 — *Months,* — 20 — *Days.*

Color, — White — *Sex,* — Female — —

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, — 24 Hours — — —

Place of Death, {Give street and number.} No 222 Hiccanna St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Effusion in Brain

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's Cemetery

Date of Burial, July 18th 1875

{*Undertaker,* John Schuch

{*Place of Business,* 265 Hiccanna St

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

...4 1914
...o. 44

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July. 18th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kate Buck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 7 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, School Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Ann & Biddle

Cause of Death, First (Primary,) Bilious Intermittent Fever

Second (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 19th 1875

Undertaker, Richard Hall

Place of Business, 233 E. Balt St

Geo. W. Wayson M. D.
Medical Attendant.

Address 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

No. 4197

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

Date of Death, July 17 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Spencer

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 12 ~~00~~ *Years,* about 6 *Months,* — *Days.*

Color, Colored *Sex,* Female

~~*Married, Single, Widow or Widower:*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Snows Hill Worcester County Md

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give street and number.} 292 Ratrey St

Cause of Death, {First (Primary,) Rheumatic Pulmonalis

{Second (Immediate.) "

Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, July 19th 1875

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

K. K. Kuers M. D.
Medical Attendant.

Address 534 W Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

No. 4496

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Haerthner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 41 *Years,* ~~11~~ *Months,* 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sex, female married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Heldrungen. Prussia. Since 1844 in the U. S.

Duration of Residence in the City of Baltimore, since 1868

Place of Death, {Give street and number.} N. Fremont Street No. 74

Cause of Death, First (Primary,) Tuberculosis of the Lungs.

Second (Immediate,) Diarrhoea.

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 19th July 1875

L. F. Reinhard M. D.
Medical Attendant.

Undertaker, A. Heidemeier

Place of Business, 518½ W. Baltimore St. Address 224 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4197

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Kuhrt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Seven *Years,* *~~Months,~~* *~~Days.~~*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 98 N. Eden st

Cause of Death, First (Primary,)

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem. Balto. M. D.

Date of Burial, July 19. Medical Attendant.

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden St. *Address* 13½ Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Eugene Dommann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

~~Married,~~ *Single,* ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 191 Mulberry street

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 20th

H Barlis M. D.
Medical Attendant.

Undertaker, P. Kimmel

Place of Business, 311 Mulberry st Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physician is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Jane Martin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 12 *Days.*

Color, African *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 18 Elbow lane

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give street and number.} 18 Elbow lane

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) ____

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] st

Date of Burial, [redacted]

Undertaker, [redacted]

Place of Business, cor Harwood and Hill Address 113 Mulberry st

W Dowling M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

No. 4210 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rachel Lear

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26. *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and number.} 356 Gilmore Street

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Debility = after Delivery

Duration of Last Sickness, Autumn

All the above information should be furnished by the Physician.

Place of Burial, Bair Cemetery

Date of Burial, Jan 19th

Undertaker, C. H. Wood

Place of Business, Cor Hanover & Wellcome Aly

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm J. McCandlish

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 4 *Months,* 21 *Days.*

Color, White *Sex,* Male.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Shepherdstown W. Va.

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and number.} 78 N. Amity St. Balti - Md.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemiten.

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, 19 of July

B. O. Barton M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 4, 6, Druid Lane *Address* 119 W. Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th of July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Kurz

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ____ *Years,* 9 *Months,* 9 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 744 W Baltimore Street

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 19th of July

H. F. Reinhard M. D.
Medical Attendant.

{*Undertaker,* Henry Keile
{*Place of Business,* N Howard Street 106 *Address* 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

No. 4203 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18 " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Boone

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Little Hill St

Cause of Death, {First (Primary,) Summer Complaint / Second (Immediate,) Convulsions

Duration of Last Sickness, 3 Weeks in

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, July 20th 1875

James F. Stewart M. D.

Address

{*Undertaker,* F. Botsen / *Place of Business,* 36 Thames St

Commissioners of Health & Registers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Sophia Schwalz (Mother)

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4 2 0 1 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna L Maxwell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Ex Matron to Christ Ch. Asylums

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} No 146 N Eutaw St.

Cause of Death, First (Primary,) Dysentery.

Second (Immediate,) Orbilitas Senilis

Duration of Last Sickness, Almost 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. W C Van Bibber. M. D.

Date of Burial, July 19th 1875. Medical Attendant.

Undertaker, Rud. Hughes Address 47. Franklin St.

Place of Business, 60 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 14215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Hays

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 Years 3 Months 3 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 112 Granby St

Cause of Death, {First (Primary,) Effusion of Brain

{Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 19th 75.

Undertaker, Thos S Slaughter

Place of Business, 60 E Balto *Address*

C. C. McWilliams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...t No. 4226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Dempsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 98 Orleans St

Cause of Death, First (Primary,) Exhaustion

Second (Immediate.) Cholera Morbus

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Bridgets Cemetery

Date of Burial, 19th July

Undertaker, Jas. P. Byrne

Place of Business, 63 N. Front St

Wm Mowe M. D.
Medical Attendant.

Address 5 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence Stone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* —— *Months,* —— *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 114 Scroeder St

Cause of Death, {First (Primary,) / Second (Immediate,)} Over dose of Chloral

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk — James A Steuart M.D.

Date of Burial, July 19th 1875 — Medical Attendant.

Undertaker, T S Hughes

Place of Business, E Balto St — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Dr Geo C Ogle

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...t No. 4208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Monk

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 144 S. Regester

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 144 S. Regester

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate.)

Duration of Last Sickness, one wk

All the above information should be furnished by the Physician.

Place of Burial, Pink Graveyard

Date of Burial, July 19th 1875

{*Undertaker,* H. H. Gilmore

{*Place of Business,* 341 Canton Ave.

R. W. Manfield M. D.
Medical Attendant.

Address 114 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...mit No. 4209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jefferson & Helen Brown (Parents)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 hours ~~Days.~~

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 81 Patterson avenue

Cause of Death, First (Primary,) Choked

Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Frederick Co Md *James A Stewart,* M. D.
Attending Physician.

Date of Burial, July 19th 1875

Undertaker, M. Schilling *Address* Commit of Health & Registrar

Place of Business, Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by - Theresa Engeldinger (Transit - 164) Midwife

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Parker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 15 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 96 N. Durham St

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Stewart M. D.

Date of Burial, July 19th 1875

Undertaker, James Holliday *Address* Commis of Health & Registrar

Place of Business, Short St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Annie Parker (Mother)

...ul of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...rmit No. 4211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Charles Koerner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 9 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} No 24 North Caroline St

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) Convulsions,

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Sanitary

Date of Burial, July 20

E J Way M. D.
Medical Attendant.

Undertaker, Esth: Schlenker

Place of Business, 214 East Eutaw *Address* 53 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel McDonough Richardson Jr

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 18 *Years.* *Months.* *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 205 Linden Ave

Cause of Death, First (Primary,) Enteritis consequent upon Colica

Second (Immediate,) Sudden prostration of nervous system

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 20th 1875.

Edmund R Walker M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St *Address* 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ... deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Minerva A. Taylor

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, { Give street and number. } 87 Walsh Street

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Marbury Brewer M. D.

Date of Burial, Medical Attendant.

{ *Undertaker,* J. J. & Palmer 262 Penn Ave
{ *Place of Business,* 262 Penn ave *Address* 201 N. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth P. Phillips

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, 8 Months, 26 Days.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Hall's M. Fort, &c.

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, July 19th 1875

C. P. G. Dausch M.D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 27 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie May Laughton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 143 Montgomery St

Cause of Death, First (Primary,) Intermittent Fever & Cerebral Congestion

Second (Immediate,) Hemiplegia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bath Country

Date of Burial, July 20/75

Undertaker, Armstrong & Leary

Place of Business, 263 Light St

D. W. Dodge M. D.
Medical Attendant.

Address 191 Hanover St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 - 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Davenport

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Blacksmith

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Washington Co. North Carolina

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number. } 218 Bank St

Cause of Death, { First (Primary,) Apoplexy / Second (Immediate,) Hemiplegia

Duration of Last Sickness, 5 Months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 20. 1875

James E. Dunn *M. D.*
Medical Attendant.

Undertaker, Wm. A. Dozier

Place of Business, 14 S Broadway *Address* 199 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Gibson

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, ... *Years,* 23 *Months,* ... *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 46 Granby st

Cause of Death, First (Primary,) ...

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Twelve hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, July 19. 1875

Nicholas E Duffy M. D.
Medical Attendant.

Undertaker, Wm. A. Unger

Place of Business, 7 N. Broadway *Address* 17 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Killside

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 1 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 74 Shot St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 74 Shot St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 24 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 19.

Undertaker, H. Hofmann.

Place of Business, 63 N Eden St. *Address* 137 Eden St

J. L. Griffin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence L Hammond.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty-one *Years,* *Months,* *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Executed No. 22 Clinton Alley

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,) Congestion of Brain.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20. 1875

Undertaker, G. W. Chase

Place of Business, 198 S. Howard St

Geo C Ayre M. D.
Medical Attendant.

Address 222 Cary St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Griffin Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* 7 *Days.*

Color, Dark *Sex,* boy

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 126 Conway St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 126 Conway St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 19. 1875

{ *Undertaker,* S McChase
{ *Place of Business,* 198 S Howard St

Jos E Clagett M. D.
Medical Attendant.

Address 18 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...cial ... of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Mills

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *~~Months,~~* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number.} C. M. Co. Chas and Mulb

Cause of Death, {First (Primary,) / Second (Immediate,)} Intoxication

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 20th

J. J. Gross M. D.
Medical Attendant.

Undertaker, Geo. Schilling,

Place of Business, Cor Pitzg and Monument St *Address* 137 Pitzg St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Rothange

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Three *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Batto. City

Duration of Residence in the City of Baltimore, Life Residence

Place of Death, {Give street and number.} 190 Pierce St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, the 20th of July

Louis W. Knight M. D.
Medical Attendant.

Undertaker, P. Kummer.

Place of Business, 511 Mulberry St. *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

cial Attention ...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Klemens Bethman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 145 S. Choptank St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 19th 1875

James H Simms M. D.

Undertaker, Geo Frolich *Address* Commis of Health

Place of Business, Canton Ave & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Information by Mary E. Simms (Midwife)

No.

...ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Maria Keilbar

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 9 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 139 S. Duncan Alley

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery P. G. Dausch M. D.

Date of Burial, July 20th 4 o'clock p. m. Medical Attendant.

Undertaker, H. Lowder

Place of Business, 252 Lexington Ave. *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. /

cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

Permit No. 4225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Indiana Stayrow

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 49 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 49 yeas

Place of Death, {Give street and number.} No 91 North st

Cause of Death, First (Primary,) Paralysis.

Second (Immediate,)

Duration of Last Sickness, Six Yeas

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery N.P.P. Yeas

Date of Burial, July 19th 1875

M. D.

Medical Attendant.

Undertaker, Wm H Gray

Place of Business, 65 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore A. L. Sandaak

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty six *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Furniture Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany Holland

Duration of Residence in the City of Baltimore, Twenty Eight years

Place of Death, {Give street and number.} 97 Orleans St.

Cause of Death, First (Primary,) Hereditary

Second (Immediate,) Consumption (Phthisis)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Saint Mathews Cem.

Date of Burial, July 22nd 1875

Milton A. Taylor. M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 4 & Grund Hill Avenue

Address No. 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4227,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Guy Foy Bowers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dallis & Bennett 85

Cause of Death, {First (Primary,) / Second (Immediate.)} Dropsy

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, July 20th

Undertaker, Mitchell & Brant

Place of Business, No. 53 Bank, *Address*

Rue Robertson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...tion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

4428

Permit No. 4428 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Hammer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ___ *Years,* 11 *Months,* ___ *Days.*

Color, White *Sex,* ___

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ___

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} cor Hamburg & Burgundy sts

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) ___

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, July 21st

Undertaker, ___

Place of Business, ___ 81

M. D.
Medical Attendant.

Address 152 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Brosaker (Brosaker)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 73 Hill St

Cause of Death, First (Primary,) Cholerea Infantum

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Woodward Bart & M. D.

Date of Burial, July 21 1875 Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 11 A M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Corinne Carey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* ~~7~~ *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pottsdam. Pa

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 401 Caution ave.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Dropsy

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cimetery

Date of Burial, July 20th 1895

Undertaker, H. H. Gilmyer

Place of Business, 341 Caution Ave.

Dr Winternitz M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

e Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 4231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18. 11½ P M

Full Name of Deceased, { White legibly and spell correctly. If an infant not named, give names of parents. } Henry Clarke

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, —— *Years,* —— *Months,* 19 *Days.*

Color, Mulatto *Sex,* male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 162 Lia St Balto Md

Duration of Residence in the City of Baltimore, 19 days

Place of Death, { Give street and number. } 162 Lia St. N. Bremen

Cause of Death, { First (Primary,) Consumption of the Bowels
Second (Immediate.) }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20th 76

Lyttleton Lackman M. D.
Medical Attendant.

Undertaker, John B Williams

Place of Business, 107 Lee St *Address* 849 Eraser Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7[illegible]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine A. Kalbaugh,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* 3 *Months,* 5 *Days.*

Color, White, *Sex,*

~~*Married,* *Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover, Germany

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, {Give street and number.} 37 N. Eutaw St.

Cause of Death, First (Primary,) Acute Gastritis,

Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery — John. F. Buzby, M. D.

Date of Burial, July 24th 1875 — Medical Attendant.

Undertaker, Henry Meyers

Place of Business, Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 4233

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Koerner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 7 Mo. 25 days

Place of Death, {Give street and number.} 66 Gindle ~~Row~~ Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 20 July 1875

Undertaker, John P. Poulos

Place of Business, 66 Frederick Av *Address*

Edward F. Cuthbert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Fleck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 8 Payson st Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 Payson st

Cause of Death, {First (Primary,) Found dead at first visit Said to have had Cholera Infantum or to have died in Spasms

{Second (Immediate,)

Duration of Last Sickness, Several days as stated

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 21 July 1875

Undertaker, Jos. P. Pauls

Place of Business, 66 Frederick Ave

Geo. H. Dare M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11235

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4235.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William S. Harris.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~76~~ *Years,* 75. — ~~Months,~~ ~~Days.~~

Color, White. *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Has resided in Md part

Place of Death, {Give street and number.} 89 Presbyn St Baltimore

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) General Paralysis

Duration of Last Sickness, About four Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Alonzo Smith. M. D.

Date of Burial, July 20th 1875 Medical Attendant.

Undertaker, Jacob Keane

Place of Business, 104 & 6 Druid Hill Avenue *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Ann Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 year 6 *Years,* — *Months,* — *Days.*

Color, Black. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 12 Patterson ave

Duration of Residence in the City of Baltimore, 1 year 6

Place of Death, {Give street and number.} No 12 Patterson Ave

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Lamed Cemetery G. W. Annis M. D.

Date of Burial, July 20th 1875 Medical Attendant.

Undertaker, Wm James Jr

Place of Business, 63 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 74

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Laura L Kuhn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 11 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 101 Orchard St

Cause of Death, First (Primary,) Malignary Infantum

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 1875

G. L. Ward M. D.
Medical Attendant.

Undertaker, John Donovan

Place of Business, 63 Park Ave. *Address* Hill & George Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1938

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALDERMEN'S DEPARTMENT JUL 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st Bernhard John Charles Herz. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents}

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} Elliott Street.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 21st 1875

Undertaker, Geo Frechlich

Place of Business, 339 Canton Ave

Certified A. Schwartz M. D.
Medical Attendant.

Address Elliott & Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 4

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12 / 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Melchier

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, formerly, a Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} Aged Women's Hom — Lexington St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery H. L. Stallon M. D.

Date of Burial, 21 July 1875 Medical Attendant.

Undertaker, A. W. Jenkins & Son *Address* 581 Lexington St

Place of Business, 16 Liggett St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4214

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida May Nuttall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 267 Forest St.

Cause of Death, { First (Primary,) Chronic Diarrhoea
Second (Immediate.) 3 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, U. B. Point Lane

Date of Burial, July 20 1875

Silas W. Hunter M. D.
Medical Attendant.

{ *Undertaker,* Parent
Place of Business,

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7011

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Bulkert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Years, 11 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 502 - Penn ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Ser Spin Meningetis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem W. J. Houck M. D.

Date of Burial, July 21 th 1875 Medical Attendant.

{*Undertaker,* Julius Koehler *Address* 573 Penn Ave

{*Place of Business,* Cor Sharp x Cross st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11112

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Alice Rose McCabe

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— ——— *Years,* 2 *Months,* 18 *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 106 Walsh St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, July 20

D. H. Keller, M. D.
Medical Attendant.

Undertaker, J. F. Chalmers *Address*

Place of Business, 262 Bunan 89 Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 4243

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4243,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co Maryland

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 236 Hilliard Near Wilmans Corner

Cause of Death, First (Primary,)

Second (Immediate,) Drowning (accidental)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Somerset Co. Md. M W Dennis M. D.

Date of Burial, July 21. 1875 Medical Attendant,

Coroner

Undertaker, Armstrong & Denny *Address* 98 Leech

Place of Business, 263 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(Transcript 166)

No. 12111

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Angelina Bettinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 230 Chase St

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Com F. Adams M. D.

Date of Burial, July 21 1875 Medical Attendant.

Undertaker, Henry Flaeck

Place of Business, 309 Central Ave *Address* 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12145

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian Engel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 217 Eastern Ave.

Cause of Death, First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Methodist Ground

Date of Burial, July 20th 1875

M. D.
Medical Attendant.

Undertaker, H. M. Gibney

Place of Business, 341 Eastern Ave, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2116

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Anna S. Hill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 276 E. Lombard St.

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,)

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Penn. Jno. H. Holliday M. D.

Medical Attendant.

Date of Burial, July 21. 1875

Undertaker, H. A. Cuper

Place of Business, 7th & S. Broadway *Address* 35 North Frame

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 167)

No. 1911

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel K. Scott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 26 *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 26 days

Place of Death, {Give street and number.} 11 Whatcoat Street

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. *M. D.*

Date of Burial, July 21 1875 Medical Attendant.

Undertaker, John C. Jordan *Address* 201 W. Biddle St.

Place of Business, Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificat[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Costello

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, *Years,* 8 *Months,* 18 *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 83 Linden Ave

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemty

Date of Burial, July 21 1875

{ *Undertaker,* Charles Sermon
Place of Business,

Richard Lee Henry M. D.
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurred, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carroll Shipley Braithwaite

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 1 *Months,* ~~2~~ 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 49 days

Place of Death, { Give street and number. } 44 Eutaw near Lee

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21st 1875

W. Hammond M. D.
Medical Attendant.

Undertaker, Jos. Loane

Place of Business, 568 W Balto st *Address* 53 N Paca st Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo J Gorman

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* — *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 252 E Lombard St

Cause of Death, First (Primary,) Premature birth. (8 months)

Second (Immediate,) (Debility)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St alphonsus Abram B Arnold M. D.

Medical Attendant.

Date of Burial, July. 21

Undertaker, Henrdelin Dippel

Place of Business, S. Bondstr 57 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer[illegible] No. [illegible]

Board of Health, City of Baltimore,

Permit No. 4251.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible]ately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible]eceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th Oct. 1881 July 20. 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Smallwood

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 71 *Years,* —— *Months,* —— *Days.*

Color, Blk

Sex, Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widower

Occupation, Whitewasher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 95 Josephine Court

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,)

Duration of Last Sickness, 24 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21

{*Undertaker,* John C Gordon

{*Place of Business,* 63 Park Ave

Wm H Eastman M. D.
Medical Attendant.

Address 319 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 42521 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20. July 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmine Gorius

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Plaesthal Germany

Duration of Residence in the City of Baltimore, ab. 21 years

Place of Death, {Give street and number.} Frdr. road, near Wilkens

Cause of Death, {First (Primary,) Second (Immediate,)} Carcinoma uteri

Duration of Last Sickness, ab. ½ year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery E. Holtzmeyer M. D.

Medical Attendant.

Date of Burial, 21 July

Undertaker, T. Paulus

Place of Business, Baltimore Avenue *Address* 37 Wiegand Ave.

66

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

Permit No. 4253.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Bloom

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 7 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 445 N. Baltimore St

Duration of Residence in the City of Baltimore, 3 yrs; 7 days

Place of Death, {Give street and number.} 445 N. Baltimore St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 22d

Undertaker, Jno H. Weaver

Place of Business, Fayette St

C. N. Whitridge M. D.
Medical Attendant.

Address 121 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 11

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 4254

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEPARTMENT OF HEALTH JUL 21 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Schuner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 Argyle Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 22nd 1875

H. Hollis M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover st *Address* 95 S Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

No. 1

Board of Health, City of Baltimore,

Permit No. 4255.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible] deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 22 1895 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21 — 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hucht—

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years. three Months. Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ger Eastern Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 91 Eutaw St—

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate.) three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 22nd 1895

M. D.
Medical Attendant.

Undertaker, McGoull. Bros

Place of Business, 131 Saratoga st *Address* 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.

No. _____

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 4256

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Müller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, _____ *Years,* 5 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Baby

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 months & 10 days

Place of Death, {Give street and number.} 162 Fayette East of Central Avenue

Cause of Death, First (Primary,) Inanition

Second (Immediate.) Exhaustion

Duration of Last Sickness, Some weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathäi Prot. Ref. Ch.

Date of Burial, 21 July.

Wm Morris M. D.
Medical Attendant.

Undertaker, H. Hofmann,

Place of Business, 63 N Eden St. *Address* 5 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

Permit No. 4257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Wagner

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. } Male

Age, *Years,* 9. *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, — Life

Place of Death, { Give street and number. } Choptank St - 154,

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions & Exhaustion

Duration of Last Sickness, 15 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Paulus B. Yard

Date of Burial, at 2 o'clock 21st July

Undertaker, G. Frankeck (John A Schmidt) M. D. Medical Attendant.

Place of Business, No 339 Lanvale Address (Eastern Ave & Eden St)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11258.

HEALTH DEPARTMENT JUL [illegible] 1873 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th July 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrand Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* 1 *Months,* 12 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 86 S. Chapel St.

Cause of Death, First (Primary,) Cholera

Second (Immediate,) Infantum

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem[illegible] M. D.

Date of Burial, July 21st Medical Attendant.

Undertaker, [illegible] Address 108 S. Chapel St.

Place of Business, No 35 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseas[illegible] back of this

Board of Health, City of Baltimore,

Permit No. 4159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 21 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* 3 *Months,* [illegible] 26 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 86 S. Chappel St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 months 20 days

All the above information should be furnished by the Physician.

Place of Burial, A. Asylum Remd H. Smith M. D.

Date of Burial, July 21st Medical Attendant.

Undertaker, Richd. Funk

Place of Business, No 35 Bank *Address* 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 11260

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday July 20 1.0'clock 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Edward Gosnell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, Eleven Months, Nine Days.

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 124 Dolphin st Balto

Duration of Residence in the City of Baltimore, from Birth

Place of Death, {Give street and number.} No 125 Caston

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) inanition

Duration of Last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 21st 1875

Wm H Davis M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Avenue *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 4261. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catherine Doyle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* Seventeen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 96 Warner St

Cause of Death, First (Primary,) ——
Second (Immediate,) Diarrhea

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 21 1875

Undertaker, James L. Byrne

Place of Business, No 63 W. Fayette St *Address*

F. M. Keatary *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 4262

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard McGinity

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carpenter & Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Dont know

Place of Death, {Give street and number.} 71 Britton St.

Cause of Death, First (Primary,)

Second (Immediate,) Heart disease

Duration of Last Sickness, Not 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 22nd 1875

Undertaker, James B Byrne

Place of Business, No 63 ½ Forest ½

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4263.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 21 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Madge Goodwin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Six *Months,* twenty-two *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 Months 22 days

Place of Death, {Give street and number.} 363, Lexington Street

Cause of Death, First (Primary,) Enteritis Infantum

Second (Immediate,) Dysentery

Duration of Last Sickness, about two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 22 nd 1875

Undertaker, Wm. Mackin

Place of Business, Pacat Camden

Wm. H. Hammond, M. D.
Medical Attendant.

Address 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 4264

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Nicolai

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 & Months. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} W. Fayette St. 511.

Cause of Death, First (Primary,) Chronical Inflamation of the bowels

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, July 22nd 1875

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St. *Address*

C. H. Keil M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 4265 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Joseph Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 171 Raburn Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Westl. Cemetery

Date of Burial, July. 21st. 1875

Undertaker, Coltz & Sonder

Place of Business, No. 520 W. Balto st

Chas. H. Jeffs M. D.
Medical Attendant.

Address No 306 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 4266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22 July.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Patrick McMahon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* 7 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 11 Constitution

Cause of Death, { First (Primary,) Spina bifida — Second (Immediate,) }

Duration of Last Sickness, 7 Hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 22

Ludwig Hinneman M. D.
Medical Attendant.

Undertaker, Jos F Byrnes

Place of Business, Front St Address 133 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 4267. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20, 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher Swesinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 20 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 M. 20 days

Place of Death, {Give street and number.} 22 & Eager St

Cause of Death, First (Primary,) Teething

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, July 21 1875

Undertaker, Henry Routh

Place of Business, 309 Central Ave

Leo L. Rice M. D.

Medical Attendant.

Address 119 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 4268

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Myers.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 11. *Months,* 7. *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 32 Hanover

Cause of Death, First (Primary,) Colica Infantum

Second (Immediate,) Meningitis

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 27 1875

Louis L. Dorn M. D.
Medical Attendant.

{*Undertaker* Henry Myers
{*Place of Business,* 21 Howard St. *Address* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 11767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Estella Dauphett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One (1) *Years,* Eleven (11) *Months,* Twenty-five (25) *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 112 So. Bond Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 22nd 1875

Undertaker, Hughes & Co

Place of Business, 65 & 51 Broadway *Address*

C. L. Wilkins *M. D.*
Medical Attendant.

69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 11370.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carlton Chase Abey.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days.*

Color, White *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 139 Johnson St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 22/75

Undertaker, Armstrong Sons

Place of Business, 263 Light St

Armstrong & Denny

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11271

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Edward Mutt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 mos & 20 days

Place of Death, {Give street and number.} 213 Walsh st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetry.

Date of Burial, the 22

Undertaker, Geo Saffran

Place of Business, 121 Sound Ave

W. B. Griffith *M. D.*

Medical Attendant.

Address 117 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Woods

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland (Queen's Ann Co.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} No 14. St. Paul Court

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Ca Bethel Assn'y

Date of Burial, July 22d 1875

Felix Jenkins M. D.
Medical Attendant.

Undertaker, Wm. Jones Grey

Place of Business, 65 Mulberry St *Address* 148 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22? 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} No Name

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Jacob & Elizabeth Schaumloffel

Age, Years, Months, 1½ Days.

Color, W Sex, F

Married, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.} S^d Single

Occupation, Crying

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 480 Pa Av

Duration of Residence in the City of Baltimore, 1½ days

Place of Death, {Give street and number.} 480 Pa Av

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, 22 of July 1875

Undertaker, Family

Place of Business,

R Winslow M. D.

Medical Attendant.

Address 486 Pa Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 2 *Months,* 6 *Days.*

Color, White. *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cane-maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Co. Md.

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and number.} 10 S. Chapel St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Diarrhoea.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus R. C.

Date of Burial, July 21

H. Glanville Meek M. D.
Medical Attendant.

Undertaker, Verdelin Dippel

Place of Business, S Bond st

Address Calvert & Washington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the disease and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

11275

Permit No. ~~11255~~ 11275 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Williams Mohler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 0 *Years,* Nine (9) *Months,* One (1) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, His entire life

Place of Death, {Give street and number.} 268 N. Gilmor St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Asthenia

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetary

Date of Burial, July 22nd 1875

William H. Murray M. D.
Medical Attendant

Undertaker, Hughes & Co

Place of Business, Fayette & Republican 20 *Address* Patterson Ave & Stricker St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw? J. Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 627 West Fayette St

Cause of Death, First (Primary,) Urinary Calculi

Second (Immediate,) Calculus in the Ureter

Duration of Last Sickness, Two or three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetary

Date of Burial, July 22nd 1875

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, Fayette & Republican St. *Address* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Hostler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Anthrdcee x, Carbuncle

Second (Immediate,) Exhaustion,

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 22d 1875

Undertaker, W. Donovan

Place of Business,

A. L. Wolfe M. D.

Medical Attendant.

Address Washington U. H.

Corner Calvert & Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura Washington

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 8 *Years,* — *Months,* — *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, — —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } U S

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } Parish Ally

Cause of Death, { First (Primary,) Typhoid Fever

Second (Immediate.) Six days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22nd 1875

Undertaker, Wm James Gray

Place of Business, 65 Milby St

W W Arthur M. D.

Medical Attendant.

Address 192 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence May Barnhart

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 " *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 396 South Saratoga St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, July 23. 1875

J. H. C. Cuddy M. D.
Medical Attendant.

Undertaker, J. B. Loane

Place of Business, 568 W Baltimore St *Address* 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Edwin Robert

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 10 *Months,* *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 18 Gilbert St

Cause of Death, { First (Primary,) Hydrocephalous. / Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 22d. 75

Undertaker, Sam. H Chase

Place of Business, 198 Howard st

Wm. D. Sellman M. D.
Medical Attendant.

Address Cor. Lauralton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 29 11281 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May C Stanley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years. *Months,* 14 *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 126 West St.

Cause of Death, { First (Primary,) dont know
Second (Immediate,) Trismus

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22 at 7½

{ *Undertaker,* E M Chase
{ *Place of Business,* 192 S Howard St

A. N. Dodge M. D.
Medical Attendant.

Address 257 Hanover St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 11282

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Nelly

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 75 Goodmans Al-

Cause of Death, First (Primary,) convulsions.

Second (Immediate.)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, July 22 1875 J. E. Hannington M. D.

Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 198 Howard St *Address* 364 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 11253 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Hard

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Sixty five *Years,* 11 *Months,* *Days.*

Color, Col *Sex,* Female

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Launches

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Shore Maryland

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} Chestnut 84

Cause of Death, First (Primary,) Disease of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22nd 1875

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Wm C. Bruce.

Place of Business, 110 104 East St. *Address* 124 n. Eutaw 124

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, " July 21st 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Hahn

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 7 12 days. *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} " 99 Pierce

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} " " 99 Pierce St.

Cause of Death, First (Primary,) Capillary Bronchites

Second (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, July 22. 1875

Undertaker, McGould Bros

Place of Business, 131 Saratoga st *Address*

Louis Hahn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

Permit No. 4285 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July ~~21~~ 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Hoyt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 8 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 17 Fellpot Aly

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 17 Fellpot Aly

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22nd 1875.

Geo. S Kammon M. D.
Medical Attendant.

{*Undertaker,* William A. Dunce / *Place of Business,* No. 104 East St.} *Address* 73 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 4286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ginnie Locke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 — *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, " "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life mu

Place of Death, {Give street and number.} House of the Good Shepherd -

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 2 yrs. " "

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 22 1875 Edwd. F. Nicholson M. D.

Medical Attendant.

Undertaker, J B. Cook

Place of Business, Balt. St Address 279 W. Lombard St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 4287 4 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Kemp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 Guilford Ave

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Cath Cemetery H. N. McKim M. D.

Date of Burial, July 22nd Medical Attendant.

Undertaker, Joseph F Byrne *Address*

Place of Business, 59 n Liberty 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ection of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 4288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, July 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Katharine [illegible]

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* 1 *Months,* 15 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} No. 40 S. Broadway

Cause of Death, {First (Primary,) Was Drowned by accident

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Pierre S. Dausch M. D.

Date of Burial, July 23 3 Clock Medical Attendant.

{*Undertaker,* H Bein

{*Place of Business,* Address 27 N. Broadway

Alin am 2t

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. ~~XX~~ 4289

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

Date of Death, July 21, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Miles

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wakefield, Carroll Co. Md.

Duration of Residence in the City of Baltimore, Eight (8) months

Place of Death, {Give street and number.} No. 23 N. Calvert St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Spasm of Glottis

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co Md

Date of Burial, July 23 1875

Alexander Hill M. D.
Medical Attendant.

Undertaker, James H Davis

Place of Business, No 12 Saratoga st *Address* No 23 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 168)

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Dis...

Board of Health, City of Baltimore,

Permit No. 4290

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, July 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Honora Curly

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Eight *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Eight months

Place of Death, {Give street and number.} Number 51 Dewberry Alley

Cause of Death, First (Primary,) ~~Exha~~ Tabes Mesenterica

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 23rd 1875

Undertaker, J Bosk

Place of Business, 1707 W Balt St

John L Waters M. D.
Medical Attendant.

Address 498 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Dis...

Board of Health, City of Baltimore,

Permit No. 4291.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Nickel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 Years, 2 Months, 21 Days.

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Glaubery, Germany

Duration of Residence in the City of Baltimore, Since 1864.

Place of Death, {Give street and number.} N. Pratt St. 914.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 23 1875

A. H. Liebe M. D.

Medical Attendant.

Undertaker, L. B. Cook

Place of Business, No 707 W Bal Street

Address No 16 N. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of

Board of Health, City of Baltimore,

Permit No. 4292 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE. JUL 1875

CERTIFICATE OF DEATH.

Date of Death, 22d July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 171 Aliceanna St.

Cause of Death, First (Primary,) Period Gestation 7 mo.

Second (Immediate,) Inanition

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, 23d July

Undertaker, J. F. Bryan

Place of Business, Liberty St

A. W. Dodson M. D.
Medical Attendant.

Address 207 Hanover St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

special attention of Physicians is respectfully invited to the remarks below, and to List of Dis...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42 93

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Das Walter Milburn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 32. Biddle St Cor of Stone alley

Cause of Death, First (Primary,) Artificial Nursing

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, July 23 1875

Undertaker, P. Kummert

Place of Business, 317 Mulberry St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Margaret Milburn (mother)

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Disea

Board of Health, City of Baltimore,

Permit No. 4291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma N. Fox

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, nearly nine years

Place of Death, {Give street and number.} 484 E. Fayette

Cause of Death, First (Primary,) Cerebro Spinal Disease of Heart

Second (Immediate.) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 23. 1875

John F. Monmonier M. D.
Medical Attendant.

Undertaker, H. A. Rauger

Place of Business, 74 S. Broadway *Address* S. W. cor Eden & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hermann J. Minich

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Steamsteadl

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, { Give street and number. } 126 Low Street

Cause of Death, { First (Primary,) Tuberculosis Pulmonalis / Second (Immediate.) Non oxidization of air taken into the Lungs

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 24th

Undertaker, Geo. Schilling

Place of Business, Corlizyn th & Monument St

E. Geo Walls M. D.

Medical Attendant.

Address 181 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Dise...

Board of Health, City of Baltimore,

Permit No. 4296

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine E Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* 6 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York Virginia

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} University Hospital Lombard

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Consumption

Duration of Last Sickness, Eighteen Months

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 23 1875

Undertaker, [redacted] McCormick Bro

Place of Business, 187 Saratoga St. *Address* 0

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4297

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Waters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 15 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 2 mos 15 Days

Place of Death, {Give street and number.} Shuter near Chew St

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Debility

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23

Chas H. Mayfield *M. D.*
Medical Attendant.

{*Undertaker,* Wm Fry
{*Place of Business,* 54 N Broadway *Address* 82 & Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Disea

Board of Health, City of Baltimore,

Permit No. 14298

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Jenkins,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, *Years,* / *Months,* 8 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 344 Light St.

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, July 24 1875

R. J. N. Tall, M. D.
Medical Attendant.

{*Undertaker,* Charles & Hearld
{*Place of Business,* 161 Hanover *Address* 15-8. S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

Permit No. 4299 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Bibelhausen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 8 *Months,* ... *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 80 Mount St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) "Cholera "Infantum

{Second (Immediate,) Meningitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 25 July 1875

{*Undertaker,* J. L. Charles

{*Place of Business,* 80 Mount St

Geo. H. Daw M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecial attention of Physicians is respectfully invited to the remarks below, and to List of Diseas...

Board of Health, City of Baltimore,

Permit No. 43011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Emmerich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 8. *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. 33 S. Bond St.

Duration of Residence in the City of Baltimore, the parents been living in Baltimore 10 Years

Place of Death, {Give street and number.} 33 N. Bond St.

Cause of Death, First (Primary,) Tetanus.

Second (Immediate,)

Duration of Last Sickness, two Days

All the above information should be furnished by the Physician.

Place of Burial, Foster Church Place

Date of Burial, July 23

Undertaker, H. Burton

Place of Business, 36 Thames St.

Ernst Hamel M. D.

Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 4301 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Conrad Kleinhenn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Four *Years,* Seven *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 46 Myrtle Avenue

Cause of Death, First (Primary,) Second (Immediate,) Scarlet Fever

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Potters Country

Date of Burial, July 23rd 1875

Undertaker, Peter Kinnucet

Place of Business, 217 Aisquith st

Louis C. Horn *M. D.*
Medical Attendant.

Address 226 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 4302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna B. Dorsey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} No 5 Clark St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, July 23rd 1875 Silas H. Hunter M. D.

Medical Attendant.

Undertaker, George C Rodeman

Place of Business, 37 Eutaw St. *Address* 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4309

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Lou~~ Herman Bruning (Bruning)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 7 Days.

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 Central Av

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 24th 1875

Undertaker, Hughes & Co

Place of Business, 65 Broadway

L. Ritzgray Andre M. D.
Medical Attendant.

Address 120 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 4304

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas — Foundling

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 14 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the ~~City of Baltimore,~~ In this time 6 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 24. 1875

Undertaker, Jas L. Chalmers

Place of Business, Penna Ave

Mahlon Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Stempel

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ~~Years~~, 2 *Months,* 18 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 550 N. Gay St.

Duration of Residence in the City of Baltimore, 3 mo. 18 days

Place of Death, {Give street and number.} 550 N. Gay St

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 24th

Undertaker, George Schilling *Address* 37 Penn St

Place of Business, No. 550 N. Gay St

J. J. Gregg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible], or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICA...

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorcas G. Hancock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* 7 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 26 Bruce St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Dropsy

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 24. 1875

Undertaker, Geo. Shilling

Place of Business, Monument & Aisquith St.

J. H. Christian M. D.
Medical Attendant.

Address 26 W. Bruce St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecial ... of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, July 22 and 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia A. Gant

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 ~~Years~~ 0 *Months,* *Days.*

Color, Colored

Sex, Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline & Court

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 18 W. Eldrey & Court

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Toxaemia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23d 1875

Undertaker, William H. Lingo

Place of Business, No. 104 East St.

Ely Wallis M. D.

Medical Attendant.

Address 181 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 4308

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theadore Dodson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 14 *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 285 Hanover St,

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Northumberland Co Va

Date of Burial, July 23 Che

R. J. H. Tall, M. D.
Medical Attendant.

{*Undertaker,* Henry Brice
{*Place of Business,* Henrietta St 81

Address 158 S. Sharp St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 169)

[OVER.

Board of Health, City of Baltimore,

Permit No. 4309 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Whitley Talbot

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 m *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 333 N. Howard

Cause of Death, {First (Primary,) Congenital Deformity

{Second (Immediate,) Pertussis —

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mass. Cathedral

Date of Burial, July 23

{*Undertaker,* John C Jordan

{*Place of Business,* 63 Park Ave

Geo. Van Bibber M. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecial ... of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 1310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Elizabeth

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Woburn, Massachusetts

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, { Give street and number. } Broadway, corner of Bradford

Cause of Death, { First (Primary,) Congestion / Second (Immediate,) Old age

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, July 25th

Undertaker, Geo. Schilling

Place of Business, cor Fayette & Monument St *Address*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physician is respectfully invited to the remarks below, and to List of Diseases on...

Board of Health, City of Baltimore,

Permit No. 11311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bill.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* - *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, about 10 Months.

Place of Death, {Give street and number.} Mount Hope Institution, Baltimore

Cause of Death, {First (Primary,) Consumption.
Second (Immediate,)

Duration of Last Sickness, about 1 year.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 24 1875

Undertaker, James O Byrne

Place of Business, No 63 E Pratt St

Wm H Stokes M. D.
Medical Attendant.

Address 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4312 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

Date of Death, July 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kolodzie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} Pier No. 8. B & O R.R. West

Cause of Death, First (Primary,)

Second (Immediate,) Accidentally drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery Fairmount Avenue

Date of Burial, 24th July

Thos. Tully *M. D.*
Medical Attendant.

Undertaker, Frank Cramer

Place of Business, 219 Canton Ave *Address* 76 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physician is respectfully invited to the remarks below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 4313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Tilghman Holliday

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anns County Maryland

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} N.E. Cor Sutton St & Fred. Av.

Cause of Death, First (Primary,) Cystic & Renal Disease

Second (Immediate,) Uraemia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cem

Date of Burial, July 24th 1875

Undertaker, Hughes & Co

Place of Business, Fayette & Republican

Jno. R. Quinan M. D.

Medical Attendant.

Address N.E. Cor Gilmor & Collins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 4314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

Date of Death, July 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} no name, Wm C. Todd / Annie R. Todd

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 292 Hoffman

Cause of Death, First (Primary,)

Second (Immediate,) Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 24 1875

Undertaker, Wm. Schilling

Place of Business, 72 Pearl Place.

J. H. Keller M. D.

Medical Attendant.

Address 89 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4315 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frances Elizabeth Kugler

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, Twenty Eight *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, about 22 yrs

Place of Death, { Give street and number. } N.E. Cor Balto & Pine St

Cause of Death, { First (Primary,) Consumption (Phthisis)
Second (Immediate,) }

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

This lady resided in Phila. Pa., came to Balto to be nursed by her sister, where she died

Place of Burial, Baltimore Cemetery

Date of Burial, July 25th, 1875

E Goverlee M. D.
Medical Attendant

Undertaker, Richard Hall.

Place of Business, 233 East Baltimore St. *Address* 572 W Balto St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Stansbury Baldwin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 6 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, from childhood

Place of Death, {Give street and number.} 64 St Peters St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 25th 1875

Undertaker, John Mackin

Place of Business, No 150 Camden St *Address* 64 St Peters St

A H Emmy *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseas...

Board of Health, City of Baltimore,

Permit No. 14317

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Egner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty six *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Seven Years

Place of Death, {Give street and number.} No. 110 Calverton

Cause of Death, First (Primary,) Gun shot Wound

Second (Immediate,) Inflammation

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

James L. Smithcum M. D.
Medical Attendant.

Place of Burial, Loudon Park

Date of Burial, July 25

Undertaker, Jno. F. Paulus

Place of Business, 66 Hanover Av.

Address ~~No~~ 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4318, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Jacob~~ Henry Kaiser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — 46 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher (Not actively engaged in Business for several month)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (Here about 20 years)

Duration of Residence in the City of Baltimore, About 20 years

Place of Death, {Give street and number.} Calverton Road near Frederick Road

Cause of Death, {First (Primary,) Gunshot wound of left Lung (Suicide)
{Second (Immediate,) Traumatic Pneumonia & Pleurisy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sanden Post

Date of Burial, July 26 25

Undertaker, J & S Parlows

Place of Business, 66 Frederick Ave

Geo A Dare M. D.
Medical Attendant.

Address 91 Frederick Road

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4319.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael O'Shea

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lombard St Infirmary

Cause of Death, {First (Primary,) Brights Dis

Second (Immediate,) Apnoea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, July 23rd

T. A Ashby M. D.
Medical Attendant.

Undertaker, M H & Perry

Place of Business, 418 W Pratt *Address* Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Grace Oliver

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 1 *Years,* mo. *Months,* 22 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.o City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 43 Morris alley

Cause of Death, { First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James Stevens M. D.

Date of Burial, July 26 1875 Medical Attendant.

{ *Undertaker,* W. J. Gray

{ *Place of Business,* *Address* Comm.r of Health. Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

Information from Mother

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Buchanon City, Md.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} No 45 So Republican St

Cause of Death, First (Primary,) Burns

Second (Immediate.) Collapse of General depression

Duration of Last Sickness, Twenty Four hours

All the above information should be furnished by the Physician.

Place of Burial, Upton Cemetery

Date of Burial, July 25

Undertaker, L B Cook

Place of Business, 707 W Balto *Address*

L. C. Shuler *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11824

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles H. Baker.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 32. *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow, Widower,~~ { Cross out the words not required in this line. }

Occupation, Policeman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, { Give street and number. } 15 S Paca Street

Cause of Death, { First (Primary,) Pulmonia Malignia.
Second (Immediate,) 5 days

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mont Clair

Date of Burial, 24 July

Undertaker, S B Cook

Place of Business, 707 W Balto St

Wm. J. R. Fitz M. D.
Medical Attendant.

Address 273 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 4323, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Baker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Nine *Months,* *Days.*

Color, Negro *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} No 2 King St Court

Cause of Death, {First (Primary,) Pt Pneumonia

{Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24 75

C. A. Cooke M. D.

Medical Attendant.

{*Undertaker,* J. W. Chase

{*Place of Business,* 192 S Howard St *Address* Cor Lee & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaret Henson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Seven (7) *Months,* Seven (7) *Days.*

Color, Colored *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No. 43 N. Dallas st.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Seven (7) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25th 75

Undertaker, S. M. Chase

Place of Business, 198 S Howard st

G. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4325 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William H. Vandiver

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 28 *Years,* —— *Months,* —— *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} ~~Fountain~~ Hotel. Camden St

Cause of Death, First (Primary,) Jumped from 4th Story

Second (Immediate,) Window of Hotel —

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Wheeling Va

Date of Burial, July 24 1875

Geo C. Ogle M. D.
~~Medical Examiner~~
Coroner

Undertaker, Fred N. Troll

Place of Business, 90 S. Howard *Address* N. Corey Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transcript 170)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 11 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Lackey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 148 Milliken

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 11 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 26 1875

Undertaker, James D Byrne

Place of Business, No 63 N Front St

James E. Donnelly *M. D.*
Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th about one Oclock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Clayton Hudson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 11 *Months,* 5 *Days.*

Color, White *Sex,*

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 8 Months Latterly

Place of Death, {Give street and number.} No. 40 Jackson Sqr. Av.

Cause of Death, First (Primary,) Chronic Hepatitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 7 Months (Had been attended by a Homeopathic Phys.)

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 25

Undertaker, Wm Fry

Place of Business, 54 & Broadway

E. P. Bons M. D.

Medical Attendant.

Address 406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases...

Board of Health, City of Baltimore,

Permit No. 4328

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24 /75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Thos Bailey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 6 *Years,* 7 *Months,* *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Worker-

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto city Md

Duration of Residence in the City of Baltimore, 2 1 yrs

Place of Death, { Give street and number. } No 91 South st Balto

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) Consumption

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, 25 July 75.

J H Sullivan *M. D.*

Medical Attendant.

{ *Undertaker,* Wm H Joyce / *Place of Business,* 104 East Balt } *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24, 1875, 8 o'clk A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Forsyth.

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* 9 months *Days.*

Color, White *Sex,* White

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Wife of Capt. Forsyth, B. & O. R. R.

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Born in Baltimore

Place of Death, { Give street and number. } 177 George St.

Cause of Death, { First (Primary,) Cancer of the womb. / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 26

W. I. Howard, M. D.
Medical Attendant.

Undertaker, Wm. Keener

Place of Business, Fayette St. *Address* 177 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4330 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Housewife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 120 Stirling St

Cause of Death, First (Primary,) Metritis

Second (Immediate,) Gastritis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 26 10 Oclock

Wm. H. Reynolds M. D.
Medical Attendant.

Undertaker, George C Rodeman

Place of Business, 138 Orson St *Address* 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4551

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Dolan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Inst Little Sisters of the Poor

Cause of Death, First (Primary,)

Second (Immediate,) General Dropsy

Duration of Last Sickness, Dont know

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, July 27th 1875

Jno. Burke Boyle M. D.
Medical Attendant.

Undertaker, H. O'Neill Bro

Place of Business, *Address* 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wildeman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Service

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} N. E. Cor. Broadway & Chew St.

Cause of Death, First (Primary,) Second (Immediate,) Peritonitis & Septicaemia.

Duration of Last Sickness, Three days —

All the above information should be furnished by the Physician.

Place of Burial, Myers Burying Ground

Date of Burial, July 26 1875

Wm. J. Thomson M. D.
Medical Attendant.

Undertaker, George A. Kessler

Place of Business, 397 E. Eager St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4333

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs G. Virginia Spellman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 weeks *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. Eden St 4 doors s. of Gay St

Cause of Death, First (Primary,) ____

Second (Immediate,) Eclampsia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physicain.

Place of Burial, Mt Olivet

Date of Burial, July 25th 1875.

Undertaker, Jos Sloane

Place of Business, No 568 Balt St

F. Albert M. D.

Medical Attendant.

Address 256 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Ext

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 2 *Months,* 17 *Days.*

Color, white *Sex,* male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 193 Shafts Street

Cause of Death, { First (Primary,) Summer Complaint
Second (Immediate,) " "

Duration of Last Sickness, 2 months

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26th 1875

Jonas A Steward M. D.
~~Medical Attendant~~

Undertaker, Henry Brile

Place of Business, 84 Hamilton St *Address* Commit of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Informant Martin Ext (Father)

Board of Health, City of Baltimore,

Permit No. 4335 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24—1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Mc Gee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 3 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 50 N. Regan St

Cause of Death, { First (Primary,) Cholera Infantum.
Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cem

Date of Burial, July 25th 1875

Undertaker, Wm B Cook

Place of Business, No 707 W Balt St

Louis W. Knight M. D.
Medical Attendant.

Address 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James Ball

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Out, Webster & Caroline alleys

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 25 1875

{*Undertaker,* Charles P Byrne

{*Place of Business,* No 63 N Eutaw St *Address* 174 E Lager St

Jno. Booth Boyle *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Mc Canan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 78 Smith St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 25 1875

{*Undertaker,* James D Byrne / *Place of Business,* No 63 N Front St *Address*}

Bucke Jms M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ution of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 4338

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laffe J Johnson

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 5 *Days.*

Color, Colard *Sex,*

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Charles St No 735

Duration of Residence in the City of Baltimore, All Times

Place of Death, {Give street and number.} No 35 Charles St

Cause of Death, First (Primary,) Teething

Second (Immediate,)

Duration of Last Sickness, ~~5~~ 3 week

All the above information should be furnished by the Physician.

Place of Burial, Athey Every Green Mount Cemetary

Date of Burial, July 25 Ten o'clock A.M.

Undertaker, William Lunga

Place of Business, No East St

A Wheat M. D.

Medical Attendant.

Address No 99 north St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 2 JUL 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline Findley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* 2 *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chambersburg Pa.

Duration of Residence in the City of Baltimore, 41 years.

Place of Death, {Give street and number.} 514 Brune St.

Cause of Death, First (Primary,) Old age

Second (Immediate,) General Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Chambersburg Pa

Date of Burial, July 26th 75

Undertaker, John F Rodemayer

Place of Business, 102 E Monument St

J. H. C Cuddy M. D.
Medical Attendant.

Address 364 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 171)

Board of Health, City of Baltimore,

Permit No. 4340 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore July 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret E. Stevenson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty-four *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, General house work

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Glocester Co. new Jersey

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} No. 283 Hamburg St.

Cause of Death, {First (Primary,) Cardiac Dilatation et

{Second (Immediate,) Tubercular ulceration of the = Oesophagus

Duration of Last Sickness, Eighteen days,

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, July 25th 1875

{*Undertaker,* M. H. C. Perry

{*Place of Business,* 448 Pratt St (W)

L. D. Dyer M. D.
Medical Attendant.

Address No. 146 Hill St
Baltimore
Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43441,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly. May. Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 21 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No. 529. N. Gay st.

Cause of Death, {First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 6 [illegible] days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery. A. P. Clarke M. D.

Date of Burial, July 26th. Medical Attendant.

Undertaker, Henry Hauck

Place of Business, 309 Central Avenue. *Address* 237. Gough-st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 237 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Jenkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Months, 16 Days.

Color, Black *Sex,* Boy

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 17 Rose

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Moores al:

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery W.B. Cuppitt M. D.

Date of Burial, July 25th 75 Medical Attendant.

Undertaker, D.W. & Chase

Place of Business, 1926 Hanover Address 117 Madison st:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14343

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years~~, 13 *Months,* 8 *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 15 Rose St. Balt. City

Duration of Residence in the City of Baltimore, - life

Place of Death, {Give street and number.} 15 Rose Street

Cause of Death, First (Primary,) Tuberculous meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 26 1875

Undertaker, S. M. Chase

Place of Business, 194 S Howard st

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4344

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Consent Myers

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Forty seven *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, ~~*Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about thirty years

Place of Death, {Give street and number.} No 110 Raleigh St

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Gastritis,

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25th '75

{*Undertaker,* John B. Williams / *Place of Business,* 107 Lee st}

Thomas Jaspring M. D.
Medical Attendant.

Address 70 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14345 — OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore July 23rd 1915

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Robinson Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Five Months, fourteen Days.

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} infant

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, During his life

Place of Death, {Give street and number.} No 228 West 2d

Cause of Death, First (Primary,) Catarrh 2d

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25th 15

Undertaker, John B. Williams.

Place of Business, 107 Le St

L. D. Dyer M. D.
Medical Attendant.

Address No 146 Hill St Baltimore, Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 14316.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE ... DEPARTMENT
JUL 26
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th July 1875. 8 o clock at evening

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elisabetha Sibirski

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ____ *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life. Since

Place of Death, {Give street and number.} N. Dallas street No 2.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphs

Date of Burial, Sunday July 26/75

Undertaker, John Braun

Place of Business, 77 O. Wolf St

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 11th.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 45317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1895 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Elizabeth Hughes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 120 Stirling St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate.)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetary *Date of Burial,* July 26 4 Oclock

Dr. Geo. H. Hopson M. D.
Medical Attendant.

Undertaker, Geo C Rodenmayer

Place of Business, 198 Union St. *Address* 11 Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 4348 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E Richfield

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *~~Months~~,* *~~Days.~~*

Color, Colard *Sex.*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1 Philpot St

Cause of Death, {First (Primary,) Consumption & Dropsy
Second (Immediate.)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, July 26 at 2 o

Undertaker, D. W. Chase

Place of Business, Cor of Hond & Hillen Sts

J Kenck M. D.
Medical Attendant.

Address No 99 North St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH D... 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 109 Raburg st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 109 Raburg st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 25 1875

F F Darling M. D.
Medical Attendant.

Undertaker, W M Edwards

Place of Business, No 198 Howard st. *Address* 143 Mulberry st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4350

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certi[illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the de[illegible] of su[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPA[illegible] RECEIVED [illegible] 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Hammit

Sex, Male or Female, {Cross out the word not required in this line.} Little Girl

Age, *Years,* *Months,* 9 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 33. N. Eutaw St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, 9 Mont old

{*Undertaker,* Mr Weaver. N. H.
Place of Business,

Burdett Jones M. D.
164 N Howard St Medical Attendant.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4357,

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Edward Ramsey

Sex, Male or Female, {Cross out the word not required in this line.} ---

Age, ~~1 yr~~ *Years,* 1 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore. 1 3 mos

Place of Death, {Give street and number.} Oxford St

Cause of Death, First (Primary,) Marasmus Exhaustion

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Ney Cath. B. Yd Chas O'Donnell M. D.

Date of Burial, July 26th 1875 Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4357

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1875 BALTI...

CERTIFICATE OF DEATH.

Date of Death, July 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Hall Harlow

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 16 *Days.*

Color, *Sex,*

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Lying-in Asylum 163 N Lombard St

Duration of Residence in the City of Baltimore, 16 days

Place of Death, {Give street and number.} Md Lying-in Asylum, 163 N Lombard

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, July 26th 1875

Undertaker, H. Donovan

Place of Business, 6 Bank St.

D. A. Glisler M. D.
Medical Attendant.

Address 163 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...penalty invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 4358 — OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sheary

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* 6 months *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Linden Hut No 7

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, the 26

{*Undertaker,* Geo Saffern / *Place of Business,* 121 Pennsylvania ave *Address*}

William Guerton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14357

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Crosson

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* 7 *Months,* 10 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Jefferson near Short Street

Cause of Death, { First (Primary,) Consumption / Second (Immediate.)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemy *Undertaker* James A Stewart M. D.

Date of Burial July 26th 1875 ~~Medical Attendant~~

Undertaker, Jas P. Byrne

Place of Business, Front St *Address* Commit of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Owen Crosson (Father)

Board of Health, City of Baltimore,

Permit No. 4353 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George R. Bayless

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 226 Harford ave

Cause of Death, {First (Primary,) Milk Crust

{Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 27th 1875

James A Stewart M. D.

{*Undertaker,* H. H. Hickman

{*Place of Business,* 234 N. Gay St *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by H. H. Hickman Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 4356.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th. July 1875. at midnight.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Maria Lunze

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ~~~~ *Years,* ~~~~ *Months,* 12 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~~~

Occupation, ~~~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during Existence

Place of Death, { Give street and number. } S. Bathan Street Nro 184,

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera infantum

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Com. William Henkel M. D.

Date of Burial, July 26th 75 Medical Attendant.

Undertaker, Michael Jones S. Wolfe St. 117.

Place of Business, do 280 Eastern Ave. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4357

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately f... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 26. 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Kershner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* 6 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 months & 5 days

Place of Death, { Give street and number. } 62 S. Hobart.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 26th 75

Undertaker, H. Frank

Place of Business, 1020 Eastern Av

James F. McShane M. D.
Medical Attendant.

Address 62 S. Hobart

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI...

Permit No. 4358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Mc[illegible]ck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 11 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 80 Orleans St

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,) }

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Lauderdale Abram B Arnold M. D.
Medical Attendant.

Date of Burial, July 26

Undertaker, C H Kessing *Address*

Place of Business, 136 E Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4359

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DE... 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Radcliffe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} Atlantic Wharf ~~59 Second St.~~ Canton.

Cause of Death, First (Primary,)

Second (Immediate,) Accidentally drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 26th 1875

Undertaker, R. H. Gilmore

Place of Business, 341 Canton Ave.

Thos. Kelly *M. D.*
Medical Attendant.

Address 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4360 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 26 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Ray

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty-eight *Years,* ——— *Months,* ——— *Days.*

Color, Dark, colored, *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} South River Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} No. 25. Vincent alley

Cause of Death, First (Primary,) Brights disease

Second (Immediate,) " "

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, New Wash. St

Date of Burial, July 26

Undertaker, J B Cook

Place of Business, 707 W Balto St

J. H. Jordan M. D.
Medical Attendant.

Address 832 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4261

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Kraemer
John W. Kraemer

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 131 Pierce Street

Cause of Death, First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, U S Cemetery

Date of Burial, July 27

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

Chas. H. Neff M. D.
Medical Attendant.

Address 306 N. Hayward St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4362 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant but named, give names of parents.} John. & Lena Meyers (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 hours ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 174 S. Hamburg St

Cause of Death, First (Primary,) Premature!

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26th 1875

Undertaker, Parents

Place of Business, ———

James A. Steuart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Meyers (Father)

[OVER.

Board of Health, City of Baltimore,

Permit No. 4363,

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George F. Masson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* ——— 8 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Baltimore~~ Unknown

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} S.W. corner Gaylette & Castle Sts

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Typhoid

Duration of Last Sickness, Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Ground

Date of Burial, July 26th 1875

Undertaker, H. M. Talmage

Place of Business, 241 Canton Av,

W. H. Hay M. D.
Medical Attendant.

Address 195 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4364

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday July 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Frederick Thomson

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 25 — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sex, Male. Single.

Occupation, Confectioner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elberfeld Prussia

Duration of Residence in the City of Baltimore, Twenty (20) years.

Place of Death, {Give street and number.} 619 North Eutaw Street

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Meningitis

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, July 27/75

Undertaker, Peter Firey

Place of Business, 91 Eutaw St

Signature of M. D.
Medical Attendant.

Address 29 South Sharp Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4365 — OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sophia Kaupf

Sex, Male or Female, {Cross out the word not required in this line.} Famale

Age, ——— *Years,* ——— *Months,* — Eleven *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace; {State or country (and how long in the United States, if of foreign birth.} N°17 Forrest Str, West Balto City

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} No 17 Forrest Str West Balto City

Cause of Death, { First (Primary,) Spasms
Second (Immediate,)

Duration of Last Sickness, (Spasms)

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 27th

Undertaker, John P Poulin

Place of Business, No 66 Fred'k St. Balto.

James A Steuart M.D.
Superintendant.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Mrs Pull- (Midwife)

[OVER.

Board of Health, City of Baltimore,

Permit No. 4366

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BALTI

CERTIFICATE OF DEATH.

Date of Death, July 24 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } John Lloyd Yeates MD

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 72 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Physician

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Kanford Co Md

Duration of Residence in the City of Baltimore, 72 Years

Place of Death, { Give street and number. } 101 West Biddle St Balto.

Cause of Death, { First (Primary,) Paralysis / Second (Immediate.) "

Duration of Last Sickness, 15 Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 27 July

Undertaker, Wm H Weaver

Place of Business, Druid Hill Ave & Fayette St *Address* 108 Park Ave Balto

F. Donaldson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA[TISTICS]

BALTIMORE

Permit No. 4367.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th July, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Elenora Lull.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 94 N. Schroder St,

Duration of Residence in the City of Baltimore, 2 yrs, 7 Mnth 27 Days

Place of Death, {Give street and number.} 88 Aunt St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Malignant Scarlet Fever

Duration of Last Sickness, 15 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, the 26 of July

Undertaker, P. Kummert. *Address* 231 Franklin

Place of Business, 311 N. Albury St.

C. H. Lull M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 4368

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certific[ate] *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de[ceased], or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Krug

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* 26 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Stafelbach Bayern

Duration of Residence in the City of Baltimore, 2 1 years and 5 Months

Place of Death, {Give street and number.} N. Paca st nr 22 5

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 27th

Undertaker, P. Kümmel.

Place of Business, 317 Mulberry St.

Dr. L. Buddenbohn *M. D.*
Medical Attendant.

Address 1106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4369 — OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Parent Got Mary Ann Bowman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 162 Preston Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms.

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cy *Date of Burial,* July 26th 1875

Jas. St Clair M. D.
~~Medical Attendant.~~

{*Undertaker,* P Kennedy
Place of Business, Mulberry St *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Mrs Dunlea (Midwife)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 14370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT
JUL 26 1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Edward Adams,

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, — *Years,* 1 yr *Months,* — *Days.*

Color, White *Sex,* ~~male~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } J Wyeth at Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } J Wyeth at - Balto City

Cause of Death, { First (Primary,) Second (Immediate,) } Exanition —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem J Hanvey & Sill M. D.

Date of Burial, July 26th Medical Attendant.

Undertaker, J J Mahon

Place of Business, Address 150 Saratoga St 90 Hanover N. Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14371

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward A. Moran

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 8 *Months,* 4 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Long Island N Y

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} No 70 N Holliday

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 26th 1875

{*Undertaker,* James P Byrne

{*Place of Business,* No 639 E Fayette St

L. McLaughlin M. D.

Medical Attendant.

Address 1332 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 4372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 July '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Woods

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, Black *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Haggon alg near Republica

Duration of Residence in the City of Baltimore, 7 dys

Place of Death, {Give street and number.} 24 Haggon alley

Cause of Death, {First (Primary,) Peritonitis / Second (Immediate,)

Duration of Last Sickness, 4 dys

All the above information should be furnished by the Physician.

Place of Burial, Harp H. County *Wm R Walton* M. D.

Date of Burial, July the 26th Medical Attendant.

Undertaker, J. Kummerle

Place of Business, 511 Mulberry St. *Address* 181 Length St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4373

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaret Boston

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, *Years,* 6 *Months,* 10. *Days.*

Color, Colored. *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 23. Fillpot Alley.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 26th 1875.

Geo. L Kinnamon *M. D.*
Medical Attendant.

{*Undertaker,* John H. Leocks

{*Place of Business,* 65 S. Wolf st *Address* 736 Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4374 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Jno M Butler~~ July 25th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas M Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Colored *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 27 Archer Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 18 Julian Court

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Con Marks

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 26th July

Undertaker, H. M. & E. Cass

Place of Business, 1068 Baltimore St

Wm D Booker M. D.
Medical Attendant.

Address 143 N Bethel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4375 — OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Shaw

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow, Widower~~ {Cross out the words not required in this line.} Married

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 84 St Marys street

Cause of Death, First (Primary,) Puerperal Convulsions

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 26th July

Undertaker, Wm A Gray

Place of Business, 123 W Fayette st

J W Darby M. D.
Medical Attendant.

Address 113 Walberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 4376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFI...TE.

HEALTH DEPARTMENT JUL 28 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26. 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Bauman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty *Years,* Eleven *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, Marine

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 28 Hills st

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 28 July

Nicholas L. Duckett M. D.
Medical Attendant.

Undertaker, John P. O'Neill

Place of Business, 265 Hillen South Address 207 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 4377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharina Hauser

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 252 S. Durham St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Stricture of intestines

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, 5th German Reformed & Paul. Cemetery

Date of Burial, July 27th 1875

M. D.
Medical Attendant.

Undertaker, Geo Fischbit.

Place of Business, 339 Canton Av Address 112 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4378 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Disney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 65 Ramsay St

Cause of Death, First (Primary,) Whooping Cough &

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. A. H. Bonney M. D.

Date of Burial, July 28th 1875 Medical Attendant.

{*Undertaker,* John Mackin

{*Place of Business,* No 15 Camden *Address* 76 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4379

OFFICE OF REGISTRAR OF VITAL STA

HEALTH DE
SEP 2?2
1875
BALTIMO

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26—1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret G Price

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } Female

Age, Eighty *Years,* Five *Months,* Seventeen *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Alexandria Va

Duration of Residence in the City of Baltimore, Ninety years

Place of Death, { Give street and number. } # 20 N. Sheets

Cause of Death, { First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Wednesday July 28/75

Jno F. Chatteau M. D.
Medical Attendant.

Undertaker, J Cadey & Son

Place of Business, 41 Hanover St *Address* # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4380 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1875

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Horace Richards

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 35 *Years,* *Months,* *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number.} 158 N. Spring St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Dallas M. E. Ground

Date of Burial, July 28th 1875

M. D.
Medical Attendant.

{*Undertaker,* John W. Locks

{*Place of Business,* 6 & S. Mich St *Address* 187 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4381. OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday July 28th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ludwig Hess.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male.

Age, ~~1~~ *Years,* Ten (10) *Months,* Fourteen (14) *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 76. Grindall Street

Cause of Death, { First (Primary,) Cholera infantum
Second (Immediate,) Exhaustion

Duration of Last Sickness, ~~three~~ days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 29th July 75.

Undertaker, Mr Brials *Address*

Place of Bus Henriotta bet Hanover & Little Hall Sts.

S. T. Colvin M. D.
Medical Attendant.
39 South Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Thatcher Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* one *Months,* & 2 days *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 111 Mon St

Cause of Death, {First (Primary,) Cholera Infantum
{Second (Immediate.)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27 1875

{*Undertaker,* John C Jordon
{*Place of Business,* 63 Park Ave

W W Johnson *M. D.*
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1383,

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875 8 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Bannan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 22 N. Chapele St

Cause of Death, {First (Primary,) Typhoid Fever
{Second (Immediate,)

Duration of Last Sickness, 3 Weeks and 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus 6

Date of Burial, July 27

James E. Donnelle M. D.
Medical Attendant.

Undertaker, Bernard Keppel

Place of Business, 8 Bond St *Address* 199 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 43841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Julia Bowyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days.*

Color, Fair *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and number.} 305 McElroy St.

Cause of Death, First (Primary,) Teething. Child Ingantum

Second (Immediate,) Spasms

Duration of Last Sickness, Seven Days.

All the above information should be furnished by the Physician.

Place of Burial, Hall cemetery

Date of Burial, July 27

Undertaker, Wm Fy

Place of Business, 54 N Broadway

Dr Rush
Glendinning
& McSherry
M. D.
Medical Attendant.

Address 111 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 4385 — OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Sands

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 1 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} N. Nol st,

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Convulsions.

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tues 26th 5 P.M

{*Undertaker,* James Byrnes

Place of Business, N Front St

G. Granville Keech M. D.
Medical Attendant.

Address Baltimore, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4386.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Taylor Mansfield

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 3 *Years,* 7 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 114 S. Broadway

Cause of Death, {First (Primary,) Diphtheria Laryngitis, Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 21/75

Abram B. Arnold M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

HEALTH D... BALTIMOR...

Permit No. 4387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th July 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George E Hopf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Seven *Months,* Eight *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, All

Place of Death, {Give street and number.} 544 N Patterson

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 27th

Wm E Thom *M. D.*
Medical Attendant.

{*Undertaker,* John Zeufel

{*Place of Business,* 491 W. Balto. St. Address by Mallory Jr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4388 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 110 Chestnut St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27th 1852

C. McMillan *M. D.*

Medical Attendant.

Undertaker, William N. Dance

Place of Business, No 104 East St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4389

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27. 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie – Foundling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 1 *Months.* ~~Days.~~

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the ~~City of Baltimore.~~ Institution 1 week

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy.

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, July 27. 1895

Mabury Brewer M. D.
Medical Attendant.

{*Undertaker,* Jas L. Chalmers
{*Place of Business,* 262 Penn Ave *Address* 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah McCarter

Elijah McMahon

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 100 *Years,* — *Months,* — *Days.*

Color, Col — *Sex,*

Married, ~~Single,~~ ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. S. Since birth

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give street and number.} 85 Mores Alley

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 26 1875

W. W. Atkins M. D.

Medical Attendant.

Undertaker, H. H. Chase

Place of Business, No 198 W Howard St. *Address* 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 4391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Three *Years,* Two *Months,* Three *Days.*

Color, Colored *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City, Balt. Co.

Duration of Residence in the City of Baltimore, Three yrs. 2 mos. 3 days

Place of Death, { Give street and number. } bed in the sheet

Cause of Death, { First (Primary,) Fall with concussion of brain
Second (Immediate,) some mos. previous Phthisis pulmonalis

Duration of Last Sickness, Five hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27 1875.

Dr. W. Thornton M. D.
Medical Attendant.

{ *Undertaker,* S. H. Chase
{ *Place of Business,* 86 198 Howard St *Address* S. W. Cor. Read & Calvert Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad & Mary Hoffman Parents

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one hour ~~Days~~

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 252 S. Bond St

Cause of Death, First (Primary,) ———

Second (Immediate,) Convulsions

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery James A Steuart M. D.

Date of Burial, July 28 1875 Undertaker's Address

Undertaker, Leonh. Kunz Comm'rs of Health

Place of Business, 277 S. Bond St & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Regina Hoffman (Midwife)

[OVER.

Board of Health, City of Baltimore,

Permit No. 4393 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 27
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Coney.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 356 S. Charles St.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, July 28 1875

R. J. H. Tall, M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 59 n Liberty st Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4394 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 212 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 27th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elis. Chrisner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Three *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 131 Pierce Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, Seventeen hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 29th 1875.

Chas. W. Reff M. D.
Medical Attendant.

Undertaker, P. Lyth & Son

Place of Business, 19 N. Baltimore St.

Address 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4395

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPT. JUL 28 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Lippincott

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty nine *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her entire life

Place of Death, {Give street and number.} 657 Lexington St Balto

Cause of Death, First (Primary,) Scirrhus Uteri.

Second (Immediate,) Scirrhus Uteri. Hemorrhage

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 28th 1875. W Hammond M. D.

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W Fayette st *Address* 52 N Paca St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4396 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Chrisner

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 131 Pierce Street

Cause of Death, {First (Primary,) Scarlet Fever
{Second (Immediate,)

Duration of Last Sickness, Forty four hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery.

Date of Burial, July 29 1875

Undertaker, A. B. Cook

Place of Business, 1707 Eutaw

Chas. M. Neff M. D.
Medical Attendant.

Address 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT 28 1875

Permit No. 4397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Holyhan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 9 — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city all its natural life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 President, ats,

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,) do —

Duration of Last Sickness, almost two weeks —

All the above information should be furnished by the Physician.

Place of Burial, Baltim. Cemetery H. S. Dohme *M. D.*

Medical Attendant.

Date of Burial, July 28.

Undertaker, Chas. Frey

Place of Business, 91 Eastern Ave *Address* 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4398

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Ries

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* 8 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 77 S. Sticker St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 S. Sticker St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 29 70

Undertaker, Wm. M. Leonard

Place of Business, 782 W. Baltimore Address 582 W. Fayette St

W. R. McKnew — *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPT. JUL 28 1875 BALTIMORE

Permit No. 4399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Frank Myer

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, *Years,* Six *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} No 3 Church st

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. alphonsus

Date of Burial, July 28th 1875

{*Undertaker,* Wm Stockhausen / *Place of Business,* 323 Light St

O. A. Cooke M. D.
Medical Attendant.

Address Cor Lee & Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH D... JUL 1875 BALTIMORE

Permit No. 42409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} V. Wilhelm Meseb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 6 *Months,* 1 *Days*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 278 Canton Avenue

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Brain complication

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, 28th July

Abram B. Arnold M. D.
Medical Attendant.

{*Undertaker,* Wm. Strickland
{*Place of Business,* 258 Aisquith Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Seigman

Sex, ~~Male,~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 1 9 mo

Place of Death, {Give street and number.} 15 Stockholm St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery R. J. H. Tall M. D.

Date of Burial, July 29 1875 Medical Attendant.

Undertaker, C. H. Krause.

Place of Business, 209 Hanover st *Address* 158 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Sloan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 179 Division St

Cause of Death, First (Primary,) Paralysis

Second (Immediate.) Acute Dysentery

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, 29th July 1875

Chas Fawcett M. D.
Medical Attendant.

Undertaker, Thos W. Jenkins & Son

Place of Business, 16 Light St — *Address* 93 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Harry Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Wolf Street

Cause of Death, First (Primary,) Cerebral Infantum

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem

Date of Burial, July 28th 1875

W. H. Clendinen M. D.
Medical Attendant.

Undertaker, W. H. Hickman

Place of Business, N. Gay St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 44414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 29

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William D. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 179 William

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum 1 Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 28th 1878

Undertaker, Kinsthon & Denny

Place of Business, 263 Light St

Theodore Bork M. D.
Medical Attendant.

Address 14 E Hamburg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 14406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Denning

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 96 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 143 West Pratt Street

Cause of Death, First (Primary,) old age.

Second (Immediate,) " "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y Jas. F. Stewart M. D.

Date of Burial, July 29th 1875

Undertaker, Jas P. Byrne *Address* Comm'rs of Health

Place of Business, Front St & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Denning Thos Roe

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Washington.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, colored *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 95 S. Spring St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Saint Louis

Date of Burial, July 28th 1875

G. Glanville, Jno M. D.
Medical Attendant.

Undertaker, William A. Jump

Place of Business, No 104 East St.

Address 104 Washington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Washington

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 9 *Months,* *Days.*

Color, Col Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 14 E. St. Bethel

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28th 1875

James E. Donnelly - *M. D.*
Medical Attendant.

{*Undertaker,* William A. Zepp

{*Place of Business,* 104 East St. *Address* 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Fred H Herbert

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* 16 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 261 Lee st

Cause of Death, { First (Primary,) } Cholera Infantum

{ Second (Immediate,) } Congestion of Brain

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 28th 1875

{ Undertaker, T. S. Toll

{ Place of Business, 90 S. Howard

A H Curry M. D.
Medical Attendant.

Address 76 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44 0 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W. Bomberger

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 437 Saratoga Street

Cause of Death, First (Primary,) Cold Contracted by Mother

Second (Immediate,) Consumption of Bowels —

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Herbert

Place of Burial, Western Cemetery James A Steuart, M. D.

Date of Burial, July 28 1875

Undertaker, L. B. Blackston & S

Place of Business, N. Balto St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John W. Bomberger Father

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlie Dantte

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and number.} 10 S. Front Stret

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,)

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Comet ~~Patterson Field~~

Date of Burial, July 28th 1875

James A Steuart M. D.

~~Medical Attendant~~

Undertaker, W. Donovan

Place of Business, 16 Bank St

Address Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Jerome Dantte Father

...pertaining thereto to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 4411.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 29 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Fist

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 52 Portland St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 Portland St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) exhaustion

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 29th of July 1895

Undertaker, D. Ewald

Place of Business, 35 S. Eutaw St — *Address*

L. N. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Lockman Hoyt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His whole life

Place of Death, {Give street and number.} 463 Franklin St

Cause of Death, First (Primary,) Scirrhus of Stomach & Jaundice

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C.

Date of Burial, July 29 1875

C. M. Hammond M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, 31 Park Av. *Address* 52 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4413

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George B. Harden

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Brick Yard Hand

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Calvert County Md

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number. } Allen Brick Yard. Charles st extended

Cause of Death, { First (Primary,) / Second (Immediate.) } Killed by Lightning - Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 28th 75

Medical Attendant. Coroner M. D.

Undertaker, J. W. Chase

Place of Business, 192 E. Howard st Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Brooke

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, white *Sex,* Female

~~*Married, Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 339 S. Sharp Street

Cause of Death, {First (Primary,) Cholera Infantum.

{Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem. James A Steuart M. D.

Date of Burial, July 29th 1875 ~~Medical Attendant~~

{*Undertaker,* Julius Koehler *Address* Commrs of Health

{*Place of Business,* Co Sharp & Cros & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information Robert Brooke (Father)

...ease, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27 July 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Braun

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 Peach St.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)}

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, H. Mathews Cemetery

Date of Burial, July 29

C Hoffman M. D.
Medical Attendant.

Undertaker, C. H. Bossieux

Place of Business, 136 E Fayette St. *Address* 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Horst

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 5 Years, 7 Months, 9 Days.

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 3 3 years

Place of Death, {Give street and number.} 331 N. Central Ave.

Cause of Death, First (Primary,) Ulceration of Bowels complicated.

Second (Immediate,) with Cancer of Stomach.

Duration of Last Sickness, about 9 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 29

Undertaker, [illegible]

Place of Business, 196 E Fayette

Peter G. Dausch M. D.
Medical Attendant.

Address 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4417

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celia Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sex, Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Cumberland County Pa

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} S. Bethel St No 63.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 1/2 Month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St B. Ground

Date of Burial, Feb 28th 1879.

John A Schultz M. D.
Medical Attendant.

Undertaker, John H. Cook

Place of Business, 65 S Wolfe St

Address N E Cor Gough & Edmondt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 4418 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Schubert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 196 Eastern Ave

Cause of Death, First (Primary,)

Second (Immediate,) Suicide by hanging

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sinai's Cemetery

Date of Burial, July 28 1895

Undertaker, Michael Finn

Place of Business, No 35 Bank *Address* 76 S. Exeter St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

from information at inquest

Board of Health, City of Baltimore,

Permit No. 4419

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Martin Meyler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 1 *Months,* *Days.*

Color, white *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 138 Harford Ave.

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 29 1875

Jno Bowie Boyle M. D.
Medical Attendant.

Undertaker, James W Byrne

Place of Business, No 68 N. Eutaw St *Address* 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4420 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Griffin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32, *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lombard St. Infirmary

Cause of Death, First (Primary,) Concussion of Brain

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 29 th 1875

T. A. Ashby M. D.
Medical Attendant.

Undertaker, A B Cook

Place of Business, 1767 W Balt st *Address* Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Mannel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, Days.

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 78 N. East St

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, {Give street and number.} " " Life

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Brain Complications

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker, Conrad Hunkel

Place of Business, No 10 Market *Address* 38 N. Front St

G. Liebmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 41422

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1915.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie May Carter,

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 15 *Days.*

Color, Mulatto, *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington, D. C.

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give street and number.} 14 Rice St, Balto. City

Cause of Death, First (Primary,) Entero-Colitis

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29 '15

Undertaker, J. D. Chase

Place of Business, 148 S. Howard St *Address* 2114 Lawvale St

J. S. Engle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 4423

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Forty Nine *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Servant (Cook)

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Eastern Shore, Md

Duration of Residence in the City of Baltimore, Forty three years

Place of Death, { Give street and number. } 143 North Caroline St

Cause of Death, { First (Primary,) / Second (Immediate,) } Oedema of bowel with Gangrene

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 29 1875

Geo. T. Guardmonier M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Balto

Address S. W. cor. Keen & Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4424

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, if practicable to do so, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John & Priscilla Mills

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 99 Harmony Lane

Cause of Death, { First (Primary,) asthenia
Second (Immediate,) during life

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cy Samuel Steward M. D.

Date of Burial, July 29 1875

{ *Undertaker,* Levi Madden
{ *Place of Business,* 9 Harmony Lane *Address* Commit of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Informality C. Eliza Powlow Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4425.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Wednesday July 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Myers

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, 2 yrs 4 mos

Place of Death, {Give street and number.} 617 W. Platt St

Cause of Death, {First (Primary,) Typho-malarial Fever

{Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Elliott's Mills

Date of Burial, July 29

Thomas O'Brien *M. D.*
Medical Attendant.

{*Undertaker,* Dan'l M Leonard

{*Place of Business,* 702 W Balt St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 174

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 4426

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
JUL 29
1875
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th July 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hanna Olivia,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* 2 5, *Days.*

Color, Black *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 73 Cross Alley.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} 73, Cross Alley.

Cause of Death, First (Primary,) Teething.

Second (Immediate,) Congestion of Brain.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29th 1875

Hanna L. Byrne *M. D.*
Medical Attendant.

Undertaker, Wm. J. Frick

Place of Business, 65 Mulberry St. *Address* 366, N. Howard below

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 4427

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet E. Gould

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single*, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } No. 6. Waters Court

Cause of Death, { First (Primary,) / Second (Immediate,) } Phthisis Pulmonalis.

Duration of Last Sickness, 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 29th 1875

Undertaker, Wm F. Gray

Place of Business, 64 Mulberry St Address 48 Edmondson ave

D. H. Curry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Boland

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 15 Bath Street

Cause of Death, {First (Primary,) / Second (Immediate.)} Consumption Pulmo

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem't James A Stewart M. D.

Date of Burial, July 31st 1875

Undertaker, Jas P. Bryan *Address* Commiss of Health & Registrar

Place of Business, Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Patrick Boland (Brother

Board of Health, City of Baltimore,

Permit No. 4429 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Heller

~~*Sex,* Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 5-2 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Sex,* Married

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 66 Years

Place of Death, {Give street and number.} # 2, Alley ~~No~~ to Brantz Court

Cause of Death, First (Primary,) unknown

Second (Immediate,) Abdominal Peritonitis

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 30th 1875

Undertaker, Charles P. Herold

Place of Business, 161 Hanover St. *Address* 207 Hanover St. Baltimore Md.

H. H. Dodd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4430

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fredrick Myers

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Amdam

Duration of Residence in the City of Baltimore, Six years

Place of Death, { Give street and number. } No 280 Amm st. Cor Lancaster st

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Effusion & Paralysis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, June 30th 1875

Undertaker, John C Schuh

Place of Business, 265 Aisquith

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4424 31

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Thomas Wing

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, Days.

Color, Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 2 Pimlico alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29th 1875

C. M. Hall M. D.
Medical Attendant.

{*Undertaker,* John B. Williams
{*Place of Business,* 117 Lee St

Address 266 E. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Elias Mohns

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, — *Years,* 4 *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 18 Welcome Alley

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, July 29th 1875

James A Steuart M. D.
~~Medical Inspector~~

{ *Undertaker,* John B. Williams
{ *Place of Business,* 107 Lee St. *Address* Commrs of Health
H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John B. Williams
Undertaker

Board of Health, City of Baltimore,

Permit No. 44433,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Rabe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 1 *Months,* 12 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 331 E. Bond

Cause of Death, {First (Primary,) Syphilitic eruption covering nearly the whole body

Second (Immediate,) 1 week.

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, July 29th

W. F. Dausch M. D.
Medical Attendant.

{*Undertaker,* Leonhard Kurz

{*Place of Business,* 1 Bond St. & 271 *Address* 271 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 14134

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Renfrew

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Six *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and number.} 162 W. Lombard St

Cause of Death, {First (Primary,) Gastro-Enteritis / Second (Immediate,)

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, July 29th 1875

D. A. Gisler M. D.
Medical Attendant.

{*Undertaker,* H. Donovan / *Place of Business,* 6 Bank St *Address* 162 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 44435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Magill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grain Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 62 yrs

Place of Death, {Give street and number.} 315 E. N. Bridle

Cause of Death, First (Primary,) ½ z dose of Tinc-Gelsemini

Second (Immediate,) about Two hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetry

Date of Burial, July 30th 1875

Undertaker, Adam Weidemeyer

Place of Business, 578½ W. Baltimore St.

Tho. F. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...penalty ... and remarks below, and to List of Diseases on back of this Certificate.

4436

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4436,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27 8 A. M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Klinger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 117 S. Durham St.

Cause of Death, {First (Primary,) Tabular disease of heart

{Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, N. Alps Cem

Date of Burial, July 29th 4 PM

James E. Himmle M. D.
Medical Attendant.

Undertaker, John Braun

Place of Business, 990 N. Wolf St. *Address* 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. McKim

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 55 yrs

Place of Death, {Give street and number.} 63 Dover St

Cause of Death, {First (Primary,) Supposed to be heart disease

{Second (Immediate,) Died suddenly on the street

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 29th 1875

Jno. E. Clague M. D.
Medical Attendant.

Undertaker, Wm. F. Gray

Place of Business, 65 Whitley St

Address 18 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

4138

Board of Health, City of Baltimore,

Permit No. 4138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charley Richard Walter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 367 William St

Cause of Death, { First (Primary,) Scarlet fever
Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 30th " 1875

{ *Undertaker,* Charles F. Herold
{ *Place of Business,* 161 Hanover St. *Address* 154 Hanover

S. Theobald *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Conry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, *Sex,* Fem.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland —

Duration of Residence in the City of Baltimore, About 25 years.

Place of Death, {Give street and number.} 356 S. Charles St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery R. L. Dashiell M. D.

Date of Burial, July 30th 1875 Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address* 15 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th of July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Wendel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 7 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Corner Thos & Wolfe Sts

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 30 July

L. F. Reinhard M. D.
Medical Attendant.

Undertaker, J. Fuchler

Place of Business, E. Thos & Wolfe Sts *Address* 229 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 44441

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Kate Nagle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, 2 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 100 Eastern Ave.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, July 31st 1875

Jno. J. Ethan M. D.
Medical Attendant.

Undertaker, H. H. Gilmyer

Place of Business, 41 Eastern Ave. *Address* 41 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28th July.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amalie Elisabeth Beck.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, (7 years) *Years,* 11 *Months,* 20 *Days.*

Color, white. *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 10 Orleans St near Asquith St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Gangraena.

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Dr. Robert Smith M. D.

Date of Burial, 30th July Medical Attendant.

Undertaker, J. Ostus

Place of Business Orn. Orleans & Asquith *Address* 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Samuel O. Banks

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 49 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, oyster Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 44 yrs

Place of Death, {Give street and number.} 10 Mechanics Court

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) "

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, July 29th 1875

Undertaker, W A Dunger

Place of Business, 104 East St *Address* Commiss of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Informationly W A Dunger (Undertaker

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Leonard Mayo

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 1 Year, 4 Months, 6 Days.

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredericks, Co, Maryland;

Duration of Residence in the City of Baltimore, Since birth in City

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Fracture of Skull

Second (Immediate,) (Pyaemia) from pus formed in brain

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 30th 1875

A. L. Wolfe M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 496 Druid Hill Ave

Address Washington University Cor Colbert & Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Burns

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ~~Years,~~ 4 *Months,* ~~Days.~~

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 mos,

Place of Death, {Give street and number.} Monument & near Wolff

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 30, 1875

Undertaker, Geo. Saffran

Place of Business, 121 Penn. Avenue

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1875

Permit No. 4116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaret A Seitz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gettysburg

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 153 Angela Ave

Cause of Death, {First (Primary,) Inflamed Bowels

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Gettysburg Pa

Date of Burial, July 30th 1875

{*Undertaker,* Chas A Boulden

{*Place of Business,* No 520 W Baltimore

E. W. Hilleary M. D.
Medical Attendant.

Address 121 W. Clement St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transcript 176

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Dougherty

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} f.

Age, *Years,* 13 *Months,* 21 *Days.*

Color, *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 13 — —

Place of Death, {Give street and number.} 96 York St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate.)

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters R.C. Cemetery

Date of Burial, 23 July

Undertaker, C. F. Krauss

Place of Business, Hanover Station

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Granted by

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14414 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th July.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Juliane Pauline Backmann

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* 7 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. 7 little Montgomery St.

Cause of Death, First (Primary,) Summer complaint

Second (Immediate,) Gastromalacia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 30th 1875

Robt Smithson M. D.
Medical Attendant.

Undertaker, Charles F. Hoerdt

Place of Business, 161 Hanover St Address 12 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4449

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estrella Antonia Thurston

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila, Pa,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} At Asylum Ave. & Central Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Three weeks about.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem. John B. Simmons M. D.

Date of Burial, July 30 1875 Medical Attendant.

Undertaker, Henry Stock

Place of Business, 1 Central Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. W. C. Grason

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 26 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 103 Plum Alley

Cause of Death, First (Primary,) fracture

Second (Immediate,) Tetanus Traumatic

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30th 1875

Undertaker, John C Gordon

Place of Business, 63 Park Ave *Address*

I Ellis Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1873 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29th /74

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josiah Phillips

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow*~~ or *Widower,* {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ann Arundel Co.

Duration of Residence in the City of Baltimore, 18 or 20 years

Place of Death, {Give street and number.} 357 N Ann St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemorrhage from Lungs

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Bull Cemetery

Date of Burial, July 31

Undertaker, Finety

Place of Business, 54 N Broadway

Edmund D Walker M. D.

~~Medical Attendant~~ Coroner

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Duffield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, Col. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number.} 47 N. Dallas St

Cause of Death, { First (Primary,) Diarrhoea
Second (Immediate,)

Duration of Last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30th 1875

H. F. Reinoehl M. D.
Medical Attendant.

{ *Undertaker,* Wm. H. Lange
{ *Place of Business,* No 104 East St. *Address* Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 July 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Wilhelm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 207 Preston St

Cause of Death, First (Primary,) Typhus. Pneumonia

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery Leo L. Rice M. D.

Date of Burial, August 1 1875 Medical Attendant.

Undertaker, D. Schilling

Place of Business, 71 Pine ave *Address* 119 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Weiss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. 15 yrs.

Place of Death, {Give street and number.} Patapsco River Viaduct Wkf

Cause of Death, First (Primary,) Drowned while Bathing

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Louis Cem. Geo C Ogle Coroner M. D.

Date of Burial, July 30th Medical Attendant.

Undertaker, Edward Hunt

Place of Business, 66 Fort Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph M. Jackson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 196 York St

Cause of Death, { First (Primary,) Want of proper food
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Friday 30th 1875

Undertaker, Charles F. Hearld

Place of Business, 161 Hanover St, *Address* 146 Hanover St

Edward Otis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Baker

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One *Years,* ~~Months.~~ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number. } 17 Eager st.

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) 5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 31 1875

{ *Undertaker,* Andrew Knell

{ *Place of Business,* 206 Columbia st

H. C. Spicer *M. D.*

Medical Attendant.

Address 579 W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44457

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Carter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, Negr *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} No 19 Nice st

Cause of Death, {First (Primary,) / Second (Immediate.)} accidentally shot

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Harp St Cemetery Geo C Gale Conner M.D.

Date of Burial, July 30 76 Medical Attendant.

Undertaker, Williams Nelson *Address*

Place of Business, Murdle Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. _____

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44158,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda A Mates

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Sixty-six *Years,* Three *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore. Twenty-two

Place of Death, {Give street and number.} No 93 Cathedral St

Cause of Death, { First (Primary,) Cancer Uteri
Second (Immediate,)

Duration of Last Sickness, Fifteen Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 29th 1875. D. A. Brown M. D.
Medical Attendant.

Undertaker, John S. Hacker

Place of Business, Camden & Paca *Address* 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. B. King

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Bates St.

Cause of Death, First (Primary,)

Second (Immediate.) Cholera Infantum.

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, July 30th 1875

Frank Gerwin M. D.
Medical Attendant.

Undertaker, W. H. Gray

Place of Business, 65 Madison St *Address* 67. N Paca Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M McNamara

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 7 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 115 Montgomery

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetary

Date of Burial, July 30th 1875

H M Mebly M. D.
Medical Attendant.

{*Undertaker,* Armstrong & Sons *Address* 57 Bank st
{*Place of Business,* 263 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4461

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4461

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kemper W. Cross

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 239 N Caton St

Cause of Death, {First (Primary,) Second (Immediate,)} Dentition

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 30th

D. Miller M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 Fayette St

Address 89 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 4462

Board of Health, City of Baltimore,

Permit No. 4462

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death July 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} 57 grand alley Balto Md Frances Frisby

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female b

Age, 69 *Years,* *Months,* *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md grand al Balto.

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} N 57 grand al

Cause of Death, {First (Primary,) / Second (Immediate,)} Peritonitis

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Chas Mt Cemetery

Date of Burial, July 30. 1875

Undertaker, S W. Chase

Place of Business, 198 S. Howard *Address* st

J H Patterson M. D.
Medical Attendant.
25 Franklin st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1163

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4463

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th July 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Pinkney Connish

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 55 *Years,* 3 *Months,* 15 *Days.*

Color, black *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Plasterer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Caroline County Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 25 S Eutaw st

Cause of Death, { First (Primary,) Intussusception

Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30 75

Wm. L. Russell M. D.
Medical Attendant.

Undertaker, J W Chase

Place of Business, 192 S Howard *Address* 1 Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4464

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore July 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* Six *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} infant

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Maryland

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number.} No 5 Vil Alley

Cause of Death, First (Primary,) Softening of the Spinal Cord

Second (Immediate,) Hydrocephaloids of the Brain

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30 75

Undertaker, J H Chase

Place of Business, 192 S Howard St Address

J. D. Dyer M. D.

Medical Attendant.

No 146 Hill St

Baltimore

Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton Chase

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 10 *Months,* — *Days.*

Color, *Sex,* Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 229 Hanover St.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cimetery

Date of Burial, July 30. 75

Undertaker, J. H. Chase

Place of Business, 198 S Howard St Address Hanover & Barre Sts

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4166.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abrah B. Lusk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Butler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 70 Davis St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 7. month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30. 75

{*Undertaker,* S W Chase / *Place of Business,* 188 W. Howard st

Buckler Jones M. D.
Medical Attendant.

Address 164 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1167

Board of Health, City of Baltimore,

Permit No. 1167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lankard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co. Va.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 135 Jefferson alley

Cause of Death, First (Primary,) Bilious Fever

Second (Immediate.)

Duration of Last Sickness, Six weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30 1875

R. M. Hall M. D.
Medical Attendant.

{*Undertaker,* S W Chase
{*Place of Business,* 192 E. Howard st *Address* 266 E. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Maskell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 18 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 470 Eastern Ave.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.) Anemia

Duration of Last Sickness, Had Cholera Infantum for 2 weeks past, was in attendance 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt. H. Cemetery

Date of Burial, July 31st 1875

Chas. F. Wilson **M. D.**

Medical Attendant.

Undertaker, H. H. Gilmore

Place of Business, 341 Eastern Ave.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4469

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29th of 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Seraphin Bell.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 2 month, *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Population St. No. 11. South

Cause of Death, First (Primary,) Cholera infantum.

Second (Immediate,)

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 30th 1875

St. Joseph Lyng, M. D.
Medical Attendant.

Undertaker, Jas. Lowe

Place of Business, 568 W Baltimore St

Address N. Eutaw St. near Mt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1170

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lina Kratter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 21 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 81½ Canal St

Cause of Death, {First (Primary,) Diarrhoea
Second (Immediate,)}

Duration of Last Sickness, ab. 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Mathias Crawford. Hoffmann M. D.

Date of Burial, 31 July Medical Attendant.

Undertaker, H. Hafemann,

Place of Business, 63 N. Eden. *Address* 53 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 4471

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Christopher Hartgens

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 4 *Months,* 29 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Switzerland Germany. 27 Years

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} S. E. Cor Hanover & Conteau Sts

Cause of Death, First (Primary,) Organic Disease of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, July 31th 1875

Undertaker, Peter Kimmert

Place of Business, 317 Mulberry Stret

H. H. Keller. M. D.

Medical Attendant.

Address 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Barbery Wolf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Dont know

Place of Death, {Give street and number.} Bost Little Sisters of the Poor

Cause of Death, First (Primary,) Genral debility

Second (Immediate,)

Duration of Last Sickness, Dont know

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 30 1875

Jno. Burke M.D.

Medical Attendant.

Undertaker, H. Schultheis

Place of Business, E Monument St *Address* 174 Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Resh (Rush)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 268. Battery Avenue

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, 9 days

The above information should be furnished by the Physician.

Burial, Balt. Cemetery

Undertaker, July 31st 1875 Charles H. Herod

Residence or Business, No. 161 Hanover St

Address 146 Hanover St

Sheridan Potts M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of P[illegible]sicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Flynn & Parents
Margaret

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} dont know.

Occupation, Crier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 6 hours.

Place of Death, {Give street and number.} 7 Armstead Lane

Cause of Death, First (Primary) Debility

Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 30th 1875

Undertaker, Parents —

Place of Business, ———

S. Andrews M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11173

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Cost

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 136 Gough str.

Cause of Death, {First (Primary,) Consumption
{Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, Aug 1st 1875

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Wright & Co

Place of Business, 65 S Broadway *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4476

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

Permit No. 4476.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Hardesty

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 52 Fremont St Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 Fremont ~~Indigestion~~ North

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) "

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, County of Balto

Date of Burial, July 31st

Undertaker, Jno. H Leonard

Place of Business, 782 W. Balto st

Jno P Pennington M. D.
Medical Attendant.

Address 210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Trans'd 177

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 31 BALTIMORE

Permit No. 4477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Adeline Klees

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ___ *Years,* 5 *Months,* 6 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 4 S. E. Broadway

Cause of Death, First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, July 31

Undertaker, [illegible]

Place of Business, [illegible]

Pierre G. Dausch M. D.
Medical Attendant.

Address 27 S. E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4478,

HEALTH DEPARTMENT 1879 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Manuel.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 14 years Ireland - 14 years in Ba[illegible]

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 21 Abbott Street

Cause of Death, First (Primary,) Intemperance

Second (Immediate.) Apoplexy (Post Mortem held)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery Edmund R Walker M. D.

Medical Attendant.

Date of Burial, July 31st 75

Undertaker, Geo. Schilling.

Place of Business, Cor Fisy with & Monument st *Address* 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4779

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 31 BALTIMORE

Permit No. 4779.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Landa

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 10 *Months,* 3 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 202 N. Dallas St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem *Samuel Steuart* M. D.

Date of Burial, July 31st 1875 (Medical Attendant)

{*Undertaker,* Geo Schilling *Address* Commrs of Health & Registrar

{*Place of Business,* Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Geo Schilling Undertaker

The Special A[illegible] Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilie Walter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 367 William St

Cause of Death, { First (Primary,) Scarlet fever (Malignant)
Second (Immediate.) 24 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 31st 1875

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St.

S Landau M. D.
Medical Attendant.

Address 52 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 11151

Board of Health, City of Baltimore,

Permit No. 14481

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Crisp.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 70 *Years, Months, Days.*

Color, White. *Sex,* Male.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Musician.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} Mercy Hosp. Baltimore

Cause of Death, First (Primary,) Chronic Gastro. Enteritis

Second (Immediate,)

Duration of Last Sickness, about 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 31st

Thos H Ware M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front St *Address* 141 St. Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11182

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Freds. Harman Gohlinghorst

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 8 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 280 W. Pratt St.

Cause of Death, First (Primary,) Trismus

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 31st 1875

W. J. N. Tall M. D.
Medical Attendant.

{*Undertaker,* F. R. Troll
{*Place of Business,* 90 S. Howard St

Address 53-8, S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 21153

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14483,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Catharina Bothe.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* — *Months,* twenty-seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 47 Brown St

Cause of Death, First (Primary,) Dentition

Second (Immediate.) Marasmus

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, July 31st 1875

Charles A Geyer M. D.
Medical Attendant.

Undertaker, Fred. Gaede

Place of Business, 4 N. Eden St *Address* 267 Druid Hill Ave Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

No. 11

Board of Health, City of Baltimore,

Permit No. 44814

OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE.

Date of Death, July 30th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fritz Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 11 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 51 S. Schroeder St

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 1

Undertaker, S B Crook

Place of Business, 70 7 W Baltimore Address 57 N. Eutaw St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 5485

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Boggs

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

~~Occupation~~,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto County Md.

Duration of Residence in the City of Baltimore, 8 days

Place of Death, { Give street and number. } Prot. Infant Asylum, 1631 N. Lombard

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, July 31st 1875

C. A. Bunn M. D.
Medical Attendant.

Undertaker, M. Donovan

Place of Business, 6 Bank St. *Address* 1631 N Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Gear

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 195 S. Chester St

Cause of Death, { First (Primary,) Typhoid Dysentary / Second (Immediate.)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Stephens~~ Evangelical Ch. Ce

Date of Burial, July 31

James E. Revell M. D.
Medical Attendant.

Undertaker, Yeatman Dyer

Place of Business, Bond St 1, 1 *Address* 299 E. Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1115

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1875 6 1/2 m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Burningham

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, ____ *Years,* 19 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 142 S Central Av

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 78 Eastern Av

Cause of Death, First (Primary,) Cholera Infl

Second (Immediate.)

Duration of Last Sickness, 1 1/2 Month

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's cemetery

Date of Burial, July 31st 1875

Undertaker, James P. Byrne

Place of Business, No 63 Sth Front St

A Gregg Shelton M. D.
Medical Attendant.

Address 111 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 7458

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Catherine Cotter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 Yrs *Years,* *Months,* *Days.*

Color, White *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Seamstress

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 15 yrs

Place of Death, {Give street and number.} 212 N. Front St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about Two Years

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cemetery

Date of Burial, August 1st 1875

Undertaker, James A Byrne

Place of Business, No 63 N. Front St

F. W. Latimer M. D.
Medical Attendant.

Address 218 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11489

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Ann Roach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 93 N. Front St.

Cause of Death, First (Primary,)

Second (Immediate.) Bright's disease of Kidneys

Duration of Last Sickness, 2 years but under treatment for less than 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, July 31st 1875

Undertaker, James P Byrne

Place of Business, N 63 N Front St

Geo. A. Hartman **M. D.**

Medical Attendant.

Address 303 E. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 14490

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Rohalen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 Gutmanns alley

Cause of Death, { First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, Aug 1st 1875

Undertaker, C F Krause

Place of Business, 209 Hanover *Address* 95 S Sharp

H. Myers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...nits for Burial.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 7117

Board of Health, City of Baltimore,

Permit No. 4491

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wallburga Winkler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* 5 *Months,* 5 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 414 S. Charles St.

Cause of Death, First (Primary,) ~~Pneumonia~~ Parturition of dead child.

Second (Immediate.) Pneumonia

Duration of Last Sickness, Fourteen days as reported by one who has been nursing, when last seen.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 1st 1875

Undertaker, F. Krause

Place of Business, 209 Hanover *Address* 95 S. Sharp St.

A. Lucas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July the 29 th 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Earl Matthews

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 0 *Years,* 3 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Silver Springs Md

Duration of Residence in the City of Baltimore, 3 m

Place of Death, { Give street and number. } 81, Rollins St Baltimore

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Cem

Date of Burial, July 31, 1895

W. H. Raymond *M. D.*
Medical Attendant.

Undertaker, W A Leonard *Address* 53 N Paca St

Place of Business, Cor Baltis & Dulany alley Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1893

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. P. Thos Hasenden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* one *Months,* — *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Thompson Street

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, July 31 1875 Attending Attendant

Undertaker, H. H. Dunger *Address* Commis of Health & Registrar

Place of Business, East 31

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Informant Father —

No. 14941

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Graham

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life not stopped

Place of Death, {Give street and number.} John St. 3rd door from Spring

Cause of Death, {First (Primary,) / Second (Immediate,)} Peri-Carditis

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 1 1875

E. Lloyd Jones M. D.
Medical Attendant.

{*Undertaker,* Paul Hauer
Place of Business, Hayett Hair Bay *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4495

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4495

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Aug 1- , 8 75

Undertaker, M. A. Duigan

Place of Business, 74 S. Broadway *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Burke

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 132 S. Washington St

Cause of Death, First (Primary,) old age

Second (Immediate,) " "

Duration of Last Sickness, no Sickness more than Gradual decline

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem James A Steuart M. D.

Date of Burial, Aug 1 1875

Undertaker, M. A. Saeger *Address* Commiss of Health & Registrar

Place of Business, 74 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by M. A. Saeger Undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4497.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Alfred Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 2 0 *Days.*

Color, Black *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 230 West St.

Cause of Death, { First (Primary,) Dentition
Second (Immediate.) "

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, W. Potter's Field

Date of Burial, July 31 1875

Undertaker, M. H. C. Peny

Place of Business, 448 W. Pratt St

Jarnest Linard M. D.

Address Commis of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Nancy Williams Mother

No. 41

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Noah Bradley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lombard St Infirmary

Cause of Death, First (Primary,) Insufficiency of Valves of heart

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, July 31st

Undertaker, W. H. & C. Perry

Place of Business, 418 W Pratt

T. A. Ashby, M. D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4499

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1873

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Edward O'Reif

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 9 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Policy

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 12 Days

Place of Death, { Give street and number. } 42 Albemarle St

Cause of Death, { First (Primary,) } Acute Inflammation of Lungs

{ Second (Immediate,) } 12 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery Geo. W. Reynolds M. D.

Date of Burial, Aug 1st 1873. Medical Attendant.

Undertaker, Chas F Byrne

Place of Business, 63 Front St *Address* 94. North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta E Graf

Sex, ~~Male.~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* 11 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow, Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years 21 days

Place of Death, {Give street and number.} 843 N Bond St

Cause of Death, {First (Primary,) acting Uterine hemorrhage

Second (Immediate,)

Duration of Last Sickness, 13 hours

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, ~~June~~ August 1

Undertaker, J B Crook

Place of Business, 707 W Baltimore St

R. K. Knabe M. D.
Medical Attendant.

Address 554 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Jeffery.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69. *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Maryland

Duration of Residence in the City of Baltimore, about one year.

Place of Death, {Give street and number.} No. 112 W. Fayette St. Baltimore.

Cause of Death, First (Primary,) Senile Marasmus. (Premature)
Second (Immediate,) probably Granular Kidneys.

Duration of Last Sickness, about a year.

All the above information should be furnished by the Physician.

Place of Burial, Churchville Hospital Co. *Medical Attendant.* C. C. Van Bibber M. D.

Date of Burial, July 31st 1875

Undertaker, Thos. S. Hillegas

Place of Business, 60 E. Fayette St. *Address* 47. Franklin St. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 178

Cemeteries in City of Baltimore will ma[illegible] — Burials

No. 4302

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL [illegible]

Permit No. 45712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30" 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Platt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 15 *Days.*

Color, W Lite *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Pennsylvania ave

Cause of Death, { First (Primary,) Decided
Second (Immediate,) Congestion Brain.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, August 1st

J. T. Knight M. D.
Medical Attendant.

{ *Undertaker,* C. Wiegand
{ *Place of Business,* 53 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ician in City of Baltimore will make returns [illegible] Permits for Burials

P. D. 4503

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4503

HEALTH DEPARTMENT 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Eastern Shore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 41 Lyon st

Cause of Death, {First (Primary,) Second (Immediate,)} Shot by a Pistol

Duration of Last Sickness, immediate

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1. 75

Undertaker, S McChase

Place of Business, 194 S Howard st *Address*

Geo C Ophelan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11[illegible]11

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11501

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgeanna Benson,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* White.

~~Married~~, *Single,* ~~Widowed~~ {Cross out the words not required in this line.}

Occupation, Washer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, Five Years.

Place of Death, {Give street and number.} # 229 Cross St.

Cause of Death, First (Primary,) Gastritis, (Cause Not Known)

Second (Immediate,) Gastritis.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, July 31. 75

Chas. A. Bell M. D.
Medical Attendant.

Undertaker, S. M. Chase

Place of Business, 148 S. Howard St. *Address* 161 So. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over

No. 11513

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11513

HEALTH DEPARTMENT
AUG 7
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo R. Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, colored *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 44 Jefferson St

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1 96

{*Undertaker,* S. M. Chase

Place of Business, 19 S Howard

L. A. Adams *M. D.*
Medical Attendant.

Address 257 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keeper [illegible] No. 4506

The Special Attention of Ph[illegible] respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 11 BALTIMORE

Permit No. 4506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J Thos Stannard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, Days.

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 64 Wilkins

Cause of Death, { First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1 75

{ *Undertaker,* S W Chase

{ *Place of Business,* 198 S Howard St *Address*

J Lemay Steiff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11507

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

Permit No. 11507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Green

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty seven *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 125 Druid Hill Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1. 1875

Undertaker, [redacted] Ghaar

Place of Business, 191 S Howard St *Address* 226 Saratoga St cor. North Avenue

L. C. Jones *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

NO. 1508

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 1875

Permit No. 1508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Stevens

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 26 *Years,* *Months,* *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, { Give street and number. } N. 48 Stricker Balto. Md

Cause of Death, First (Primary,) consumption

Second (Immediate.)

Duration of Last Sickness, about one yr

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Augt 2d 1875

Undertaker, Henry W. Mears

Place of Business, 64 N Gay St

J. H. Patterson M. D.

Medical Attendant.

28 Franklin St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4509

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG. BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July. 31st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Coleman.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 Yrs.

Place of Death, {Give street and number.} 1 Orleans St

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Augt 3d 1875

Geo. H. Grayson M. D.
Medical Attendant.

Undertaker, Henry W Mears

Place of Business, 64 N Gay St *Address* 18 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

4510

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrud Kistler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 18 Jackson Court

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 2d

M. D.
Medical Attendant.

Undertaker, Reinhardt

Place of Business, 211 N. Gilmor St *Address* 206 Lilly Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Reports of Cemeteries in City of Baltimore will be

No. 4511

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Margaret Butterhoff

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 4 *Years,* ___ *Months,* ___ *Days.*

Color, White *Sex,* ___

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Spring St bet Eutaw

Cause of Death, First (Primary,) Consumption

Second (Immediate,) ___

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Co.

Date of Burial, August 3d 1875

James A Stewart M. D.

Medical Attendant.

{*Undertaker,* Henry Hueck

{*Place of Business,* 306 N. Canal St

Address Commrs of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by her Son

No. 4512

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11512

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

Date of Death, July 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of Thomas and Mary Burke

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

~~*Age, Years, Months, Days.*~~ 6 Minutes

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cookrie nr Nicholson st Locust Point

Cause of Death, {First (Primary,) was one of twins and died soon
Second (Immediate,) after it was born
Asthenia

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, August 1st 1875

{*Undertaker,* M. A. Dwyer
Place of Business, 714 S. Broadway

J. G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4313

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 261 S. Bethel

Cause of Death, { First (Primary,) Inanition
Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Ce

Date of Burial, August 2d 1875

J. W. P. Bates M. D.
Medical Attendant.

{ *Undertaker,* M. A Daiger
{ *Place of Business,* 711 S. Broadway *Address* 93 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4314

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4514

HEALTH DEPARTMENT AUG 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Samuel Lanzel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* 21 *Days.*

Color, Copper *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 22 Preston St Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1 Bolton Alley

Cause of Death, { First (Primary,) ..... Second (Immediate,) Cholera Infantum

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Geo H Adams M. D.

Date of Burial, August 1st Medical Attendant.

{ *Undertaker,* Saml Chase

{ *Place of Business,* Cor Howard & Hoffman *Address* 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 13

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4315

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Genl Grant Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Mulatto. *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 21. Harmony st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 21 Harmony st.

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera infantum.

Duration of Last Sickness, nearly 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Geo E Ogle coroner

Date of Burial, the 1st of August

Undertaker, P. Kummert.

Place of Business, 311 Mulberry *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 715

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. McGinnity

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 224 Fremont.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. Richmond Avenue

Date of Burial, August 2nd 1875

Undertaker, J. J. Rodenmayer

Place of Business, Monument St. *Address,* 533 Eutaw st.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1st at 12 o'c P.M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Augusta Fenig

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 3 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 150 East Avenue

Cause of Death, First (Primary,) Congestive Scarlet-Fever

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Aug 2 4 O'Clock

James E. Donnelle *M. D.*
Medical Attendant.

Undertaker, George Rodemayer

Place of Business, 378 Eason St *Address* 199 E. Falls St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE 1875

CERTIFICATE OF DEATH.

Date of Death, Aug. 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kath. McDonald

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~ {Cross out the words not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give street and number.} 153 S. Caroline

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Aug. 2. 1875

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address 114 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31 st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dunn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 167 Alice Anne

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Aug 2. 1875. James E Donelan *M. D.*

Medical Attendant.

Undertaker, M. A. Bayer

Place of Business, 74 S. Broadway *Address* 291 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

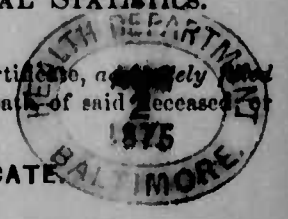
No. [redacted]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4521



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~July~~ Aug. 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Kain

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* 1 *Months* 23 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, As above

Place of Death, {Give street and number.} # 57 Low St.

Cause of Death, First (Primary,) Abortion (from Albuminuria)

Second (Immediate,) Uraemic Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto cem't

Date of Burial, Aug 2nd 1875

Undertaker, John I Rodenmyer

Place of Business, 102 E Monument St

Geo. A. Hinkman M. D.
Medical Attendant.

Address # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4521.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs John Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Baltimore~~ *Years,* 28, — *Months,* — *Days.*

Color, Negro *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick County

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 144 S. Caroline St.

Cause of Death, {First (Primary,) Typhoid fever

{Second (Immediate,) Variety

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 2nd 1875

Mahlon Brown M. D.
Medical Attendant.

Undertaker, John W. Locke

Place of Business, 69 S. Wolfe st *Address* 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4522

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 4622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John H. Mohr

~~*Sex, Male or Female,*~~ { ~~Cross out the word not required in this line.~~ }

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, [redacted], { Cross out the words not required in this line. }

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give street and number. } 95 Albemarle St.

Cause of Death, { First (Primary,) Gun shot wd. of Lung. / Second (Immediate,) Abscess of Lungs — Vicarious } One year.

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 2d 1875

Undertaker, Wm. H. Byrne

Place of Business, 63 Hanover St

R. W. Dodge M. D.
Medical Attendant.

Address 207 Hanover St. Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4523

HEALTH DEPARTMENT AUG 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert T Grimes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 294 Hampton St

Cause of Death, { First (Primary,) Violent Convulsions

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 22 1875

Thomas Shearer M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 66 Eutaw St *Address* 97 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4524

REGISTRAR'S DEPARTMENT
AUG 2
1875
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Bowers Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* _____ *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 274 Howard St (South

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 2 1875

Undertaker, S. W Clare

Place of Business, S. Howard St *Address* Commrs of Health

Registrar

James A. Steuart, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Jas H. Bowers (Father)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45252

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT 2 1875 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Sigmund

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} No 258 Madison Avenue

Cause of Death, {First (Primary,) Cancer of neck

{Second (Immediate,)

Duration of Last Sickness, Six weeks— has had it 10 or 12 years

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Friendship Burial grounds

Date of Burial, August 2nd 75

{*Undertaker,* M Myers

{*Place of Business,* Howard st near Mulberry

Elias L. Price M. D.
Medical Attendant.
Consulting Physician

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4526,

HEALTH DEPARTMENT AUG 2 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen L Freeman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Al. *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Fr Al.

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, month.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery H. F. Kemble M. D.

Date of Burial, Aug 4th 2 Medical Attendant.

Undertaker, Wm A Bunyea *Address* Easton Dispensary

Place of Business, 104 Yeast st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 2 1875

Permit No. 4527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matilda Ann Lightham

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 3 *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the words not required in this line. } Married

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 4 months

Place of Death, { Give street and number. } 64 Ridgely St. City

Cause of Death, { First (Primary,) Consumption / Second (Immediate,) Debility

Duration of Last Sickness, about 6 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem. *Date of Burial,* Augt 2 1875

Chas. H. Johnson M. D.
Medical Attendant.

Undertaker, S. M. Chase *Address*

Place of Business, No 198 Broadway 177 Conway St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(Transit 180)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 4528.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 1st. 1875 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Roland Uhlhorn —

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York —

Duration of Residence in the City of Baltimore, Three years —

Place of Death, {Give street and number.} 163 N. Eutaw St —

Cause of Death, First (Primary,) Phthisis —

Second (Immediate,)

Duration of Last Sickness, 18 months —

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 3d

R. H. Goldsmith — *M. D.*
Medical Attendant.

Undertaker, H. Schilling

Place of Business, 92 Penna ave

Address 125 N. Charles St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4029,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teresa Mumps

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* 20 *Days.*

Color, White *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —— Since birth

Place of Death, {Give street and number.} Hamilton & St Paul

Cause of Death, First (Primary,) Cholera Infant

Second (Immediate,) — Exhaustion —

Duration of Last Sickness, ten day

All the above information should be furnished by the Physician.

Place of Burial, Nully Cross.

Date of Burial, aug 2 1875

Undertaker, Friends

Place of Business,

P. C. Chatard Jr M. D.
Medical Attendant.

Address 114 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4530.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas J Brun

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, One *Years,* 1 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 27 E King St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 27 E. King St

Cause of Death, { First (Primary,) Entero-Cholera

Second (~~Immediate.~~) Collapsus

On Mind

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Aug 15th 1875

Undertaker, H. H. Lenhart & Son

Place of Business, 16 Light St *Address* N. Car Ave & Hoffman St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4531.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 2 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1875-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E. Roper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* ——— *Months,* ——— *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 370 Hamburg St.

Cause of Death, First (Primary,) ———

Second (Immediate,) Consumption

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 3rd 1875

R. C. Lee M. D.
Medical Attendant.

Undertaker, Armstrong & Berry N. W. Cor

Place of Business, 263 Light St *Address* Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wales

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. States

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 103 N Calvert St

Cause of Death, {First (Primary,) Cold (ordinary) / Second (Immediate.) Consumption (Pulmonary)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug 2d 30 block

Undertaker, Wm. Weidefield

Place of Business, 118 N. Calvert St

Jos. E. Chaquette M. D.
Medical Attendant.

Address 18 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} West Lafont

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 28 Vincent alley

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 28 Vincent alley

Cause of Death, First (Primary,) ____

Second (Immediate,) Hemmorhage of nave

Duration of Last Sickness, 3 Days

All the above Information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, Aug 2 1875

Undertaker, M. H. C. Perry

Place of Business, 448 W Pratt St

Geo C Gilchrist M. D.
Medical Attendant.

Address ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4534.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Eliza Howard

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *~~Months~~,* *~~Days.~~*

Color, Colard *Sex,*

~~*Married, Single,*~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all Life time

Place of Death, {Give street and number.} No 5 Bell Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, Cathedel Century

Date of Burial, 3 August

Undertaker, John Gordon

Place of Business, Park St No 63 *Address* 92 north St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Julius Smith (Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one hour ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 152 West Street

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate,) asthenia

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery James A Steuart M. D.
Medical Attendant

Date of Burial, Aug 2nd 1875

{*Undertaker,* Julius Koehler *Address* Commrs of Health
{*Place of Business,* Shop 4 Cross St & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Catherine Horning (Mid[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
AUG 2
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1870

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Janet William Hoddinott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53. *Years,* 3 *Months,* 10 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Gardiner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 33 Jackson St Balt

Cause of Death, First (Primary,) Pneumonia 17 days Sick

Second (Immediate,) Consumption

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, August 3rd 1870.

Dr Geo. W. Rayzon M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address* 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Estelle Cleveland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months.* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 272 N. Gay St

Cause of Death, {First (Primary,) / Second (Immediate,)} Inanition.

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, August 3rd 1875

{*Undertaker,* Wm. H. Hickman / *Place of Business,* 234 N. Gay St.} Address 18 Saratoga St.

Dr. G. W. Harper M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4538,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Watts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years.* *Months,* 21 *Days.*

Color, Colored *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} 45 Low st —

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 2nd 1875

{*Undertaker,* William H. Dunn

Place of Business, No 104. Balt St. *Address* 133 N Eutaw

Edward Corcoran M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Elbert

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} male

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Black *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Douglas Street

Cause of Death, {First (Primary,) Pertussis

{Second (Immediate,) "

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, ~~Locust County~~ Baltimore City

Date of Burial, Aug 3rd 1875

James A Steuart M. D.
Signature of Physician.

Undertaker, W. A. Dunger

Place of Business, 104 East St

Address Commrs of Health + Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by, Lear Medes (who Boarded it)

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Walter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 367 Williams St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Scarlet fever (malignant)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 3rd 75

Undertaker, Chas F. Herold

Place of Business, 161 Hanover St Address 152 Hanover

S. Knudsen *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45741,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Herbert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 Year & 6 Months

Place of Death, {Give street and number.} No 2 Oyster Shell alley

Cause of Death, First (Primary,) ~~Pth~~ Phthisis

Second (Immediate,)

Duration of Last Sickness, 16 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, ~~July~~ 2nd 75

Undertaker, John B. Williams

Place of Business, 187 Lee St

Dr. H. Cooke M. D.
Medical Attendant.

Address Cor Lee & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 2. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick — Foundling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, Days.

Color, White ~~Sex,~~ male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the ~~City of Baltimore~~, institution 1 week

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) atrophy

Second (Immediate,) convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug 3. 1875

Undertaker, Jas. L. Chalmers

Place of Business, Pratt Ave

Mathew Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4543

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Bracken

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 6 Days.

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 36 E Fiddle

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CT

Date of Burial, August 3 1875

{ *Undertaker,* Henry Hook
{ *Place of Business,* 31 Central Ave

Abram Bowers M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 5744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 2d 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robt G. Lowman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 7 mos.

Place of Death, { Give street and number. } #294 Hollin St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate.) Convulsions

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Friends Burial Ground

Date of Burial, Aug. 3d 1875

James G. Linthicum M. D.
Medical Attendant.

{ *Undertaker,* J. B. Blackistone & Son
{ *Place of Business,* 606 Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Ohms

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, *Years,* 11 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 184 William St

Cause of Death, { First (Primary,) Dentition / Second (Immediate.) Diarrhoea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Aug 23rd 1875

S Duke M. D.
Medical Attendant.

Undertaker, C F Krause

Place of Business, 229 Hanover st *Address* 184 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875 BALTIMORE

Permit No. 45246.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Augustus Dickson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* twenty *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, Since life

Place of Death, { Give street and number. } 72 Schroeder ave. N.T.

Cause of Death, { First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Park C.

Date of Burial, Aug 3 — 1875

D. P. Hoffman M. D.
Medical Attendant.

{ *Undertaker,* J. B. Blackistone Son
{ *Place of Business,* 606 Bath st
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4347

BALTIMORE HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Wheeler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} 16 Burroughs street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare

Date of Burial, Aug 3d 1875

Undertaker, Armstrong & Denny

Place of Business, No 263 Light St

O. A. Cooke M. D.

Medical Attendant.

Address Cor Lee & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

Permit No. 4528

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. McCabe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clergyman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 years more or less.

Place of Death, {Give street and number.} 12 Bloomsday Avenue

Cause of Death, {First (Primary,) Dropsical Pericardium

Second (Immediate,) Cerebral Softening

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 3rd 1875

Edward A. Marks M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43749

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Schroeder

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 Peach alley

Cause of Death, {First (Primary,) Abscesses / Second (Immediate,) Summer Complaint

Duration of Last Sickness, 7 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, Augt 3d 1875

James A Steuart, M. D.
~~Medical Examiner.~~

Undertaker, Henry Brile

Place of Business, 81 Hamilton St

Address Commrs of Health of
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Geo Schroeder
Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4530

HEALTH DEPARTMENT AUG 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Hester Hawkins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Black *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 214 Dover St

Cause of Death, First (Primary,) Trismus Nascentium

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 2. 75

{*Undertaker,* C W Chase Address 23 S. Eutaw St.
{*Place of Business,* 192 S Howard

W. H. Aman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

Permit No. 4351,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. V. Mc. Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Four *Months,* Twenty four *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Jenkins Alley Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Carpenters Alley No 12

Cause of Death, First (Primary.) Marasmus

Second (Immediate.) Convulsions

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 4th 1875

Undertaker, Priests

Place of Business,

D. L. Stearns M. D.
Medical Attendant.

Address No 428 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
AUG
3
1875

Permit No. 4632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Estelle Lee

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Penn Ann Co

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 1 Eutaw Place

Cause of Death, { First (Primary,) } Typhoid

{ Second (Immediate.) } Diarrhoea

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 3rd 1875

Undertaker, John C Jones

Place of Business, 63 Park Av *Address*

John Dicken *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
AUG 3
BALTIMORE

Permit No. 41353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly~~ *fully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Aug~~ Aug 2

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah. Gorsuch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60. *Years,* —— *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} Fy family

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 4 Years

All the above Information should be furnished by the Physician.

Place of Burial, Dorchester Co Md *Medical Attendant.* Thomas Cooke M. D.

Date of Burial, Leave City Aug 4th 1881

Undertaker, Armstrong & Lewis *Address* 146 Hanover

Place of Business, No 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 181)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

Permit No. 4534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 2nd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Booker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 14 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~28 Walker St.~~ Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 Walker St.

Cause of Death, First (Primary,) cholera infantum

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home.

Date of Burial, 4th of August.

E. Atlee M. D.
Medical Attendant.

Undertaker, Julius Koetzler.

Place of Business, 360 South Sharp st. *Address* 95 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 3 1875 REGISTERED

Permit No. 4535,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Henry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~2~~ Years, 15 Months, Days.

Color, Black *Sex,* Male.

~~Married~~, *Single*, ~~Widow~~ or *Widower*, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Fifteen Months

Place of Death, {Give street and number.} 211 Eden Alley

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, Aug 3rd 1875

Undertaker, H. H. C. Penn

Place of Business, 448 W. Pratt St

T. F. Moore M. D.

Medical Attendant.

Address Md Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie McGlauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Six *Years,* five *Months,* Twenty Five *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Shottsylvania Co. Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 797 W Pratt St

Cause of Death, First (Primary,)

Second (Immediate,) Acute Gastritis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Wm Guthrie *M. D.*

Date of Burial, August 4 Medical Attendant.

Undertaker, J Beard

Place of Business, 797 W Pratt St *Address* 582 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Virginia Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* Eight *Months,* *Days.*

Color, Col'd *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 7 Waters Court

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 7 Waters Court

Cause of Death, { First (Primary,) unknown. Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Aug 3d 1875-1

{ *Undertaker,* Wm. F. Frey
{ *Place of Business,* 65 Mulberry st

Geo C Ogle Coroner M. D.
Medical Attendant.

Address 229 Cary st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 4658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPT. AUG 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd August

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ezekiel D. Pugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 Yrs *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} No. 19 Ellin St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Do

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Wednesday

Undertaker, Chalmers

Place of Business, Penna Ave *Address*

Jas. S. Fulton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4559.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 2 " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alonzo Slokes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 15 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 u Bradenbaugh alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Jamt Steuart,* M. D.

Date of Burial, Aug 3 " 1875

Undertaker, W. W. Dungee *Address* Commis of Health & Registrar

Place of Business, 107 East 5th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Eliza Slokes (mother)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4560

ALTIMORE MD. AUG 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lotta Belle Knight

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~Yrs~~ *Years,* 1 *Months,* 4 20 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} 133 S. High St

Cause of Death, {First (Primary,) Whooping Cough / Second (Immediate,) Bronchial Pneumonia

Duration of Last Sickness, about 4 months, I however only practiced a few days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, August 4 1875

Alfred Hughes M. D.
Medical Attendant.

Undertaker, H. A. Geuger

Place of Business, 74 S. Broadway *Address* 234 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 3 1875 FILED

Permit No. 4561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 1th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Hollis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Black *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Hulls Lane near Wiquitt St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, Aug 3 1875 ~~Medical Attendant~~

Undertaker, Wm H. Dunger *Address* Comm'rs of Health & Registrar

Place of Business, 6 East St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Sarah Lyles & Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William & Laura Durdin (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, Black *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~ ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, one day

Place of Death, {Give street and number.} 102 Cross Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthma

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, New Shaft St. B. G. James A Stewart, M. D.

Date of Burial, Aug 3 1875 ~~Medical Examiner~~

Undertaker, Sam'l H. Chase

Place of Business, S. Howard St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Charity Brown Midwife

Board of Health, City of Baltimore,

Permit No. 4563,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Ann Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 50 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number.} 169 Dallis pl

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Pulmonary Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 3rd 1875

Undertaker, William H Dawson

Place of Business, 1n 114. East St.

J Nicholas Cottell M. D.

Medical Attendant.

Address 14 S Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William T. Ritchfield

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 14 *Days.*

Color, Black ——— *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 7 Jefferson St. Court

Cause of Death, First (Primary,) Cold

Second (Immediate,) Summer Complaint

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *James A Steuart* M. D.

Date of Burial, Augt. 3rd 1875 Medical Attendant

Undertaker, Wm. H. Dunge *Address* Commr of Healt

Place of Business, 104 East St + Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Informant Deborah Ritchfield Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Lee Lemmon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 213 E. Pratt St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 1 Day.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 4. August

Undertaker, Jno Behan

Place of Business, 26 Thames St.

Chas A. McClure *M. D.*

Medical Attendant.

Address 257 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 4566

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Lyon.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 234 East Monument St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) —

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 25th August 1875

Undertaker, James D Byrne

Place of Business, N° 63½ Front St

Leland Stevenson M. D.
Medical Attendant.

Address 103 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4567.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 3d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Kraft

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 302 Franklin St

Cause of Death, First (Primary,)

Second (Immediate,) Heart disease

Duration of Last Sickness, Sudden death,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemy Sec 4 Lot 1 Grave

Date of Burial, 4th August 1875

M. D.
Medical Attendant.

Undertaker, Jos. Loane

Place of Business, 568 W Balto St Address 224 E Cary St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Gardner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 21 Sterling St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 25 N. Wolfe St

Cause of Death, {First (Primary,) — Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 4th 75

J. T. Gaff M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor Fayette & Monument st

Address 135 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4569.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J Mason

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 4 Days *Days.*

Color, Black *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 84 St Marys street

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 84 St Marys st

Cause of Death, First (Primary,) Inahition

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Lamed Cemetery

Date of Burial, Aug 4th 1875

Undertaker, Wm J Gray

Place of Business, 65 Mulberry st

H Barclay M. D.
Medical Attendant.

Address 163 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4570.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd of August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Rinehard v. d. Heyde

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, White ~~*Sex,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 290 Aliceanna St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Eclampsia, Paralysis

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 3

J Mathews M. D.
Medical Attendant

Undertaker, Meredith & Pyle

Place of Business, 8 Bond St *Address* 245 S. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander McDonald

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Ninety *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cellar Digger - late Keeper Cathedral Spring

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 74 years

Place of Death, {Give street and number.} No 239 N Howard St

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, a few weeks.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 4th August

F. Hatard M. D.
Medical Attendant.

Undertaker, Jacob Wenner

Place of Business, No 486 Druid Hill Avenue *Address* N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITA... STATISTICS.

Permit No. 43772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 34 *Years,* ~~1st Hours~~ *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Washer woman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Frederick Co. Md.

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, { Give street and number. } Butchers Lane near Liberty Road

Cause of Death, { First (Primary,) Consumption

{ Second (Immediate,) "

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, New Shaw st ground

Date of Burial, Aug 4th

{ *Undertaker,* Chas A. Forder

{ *Place of Business,* 520 N. Baltimore st *Address*

Chas Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to th... below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 4573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3th. August. 1875. 9 o'clock morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorenz Tarczinsky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, laborer of Philad.a P. R.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland, Prussia.

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} Alice Anna Street 281.

Cause of Death, First (Primary,) Cholera morbus.

Second (Immediate,)

Duration of Last Sickness, 6 Days.

All the above Information should be furnished by the Physician.

Place of Burial, St Michael Cemetery

Date of Burial, August 13th 1875

William Henkel M. D.
Medical Attendant.

Undertaker, Kaspar Eckhardt

Place of Business, 26 Canton Ave *Address* S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
4
1875

Permit No. 4574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Donnegan

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 14 *Years,* 6 *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Joseph's School of Industry Cor. Carey & Lexington Sts.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, Aug 7th 1875

A H Sexton *M. D.*
Medical Attendant.

{*Undertaker,* Jas H Byrne
Place of Business, 39 n Liberty

Address 543 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 4 BALTIMORE

Permit No. 43775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Caroline Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} No 180 Forrest St

Cause of Death, First (Primary,) Cholera Sporadica

Second (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, August 4 - 75

Wm Montgomery *M. D.*
Medical Attendant.

Undertaker, John A Woodmansee

Place of Business, 102 E Monument St *Address* 76 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 4576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 2nd " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Masseau.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 28 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gloucester, Co. Va.

Duration of Residence in the City of Baltimore, two years.

Place of Death, {Give street and number.} Fayette & Castle, Lib.

Cause of Death, First (Primary,) Scarlet Fever.

Second (Immediate.) Disease of.

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Methodist Ground

Date of Burial, August 3rd 1875

Undertaker, H. H. Gilmeyer

Place of Business, 341 Canton Av.

L. Glanville, Rock, M. D.
Medical Attendant.

Address Balt & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 4 BALTIMORE

Permit No. 4577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Casper J. Kaufman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 49 Stiles

Cause of Death, { First (Primary,) Cholera Infantum

{ Second (Immediate.)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. Wm R Hunter M. D.

Date of Burial, Aug 4th 1875 Medical Attendant.

Undertaker, H. Schultheis

Place of Business, E. Mont. St. N. 261 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4578

HEALTH DEPARTMENT AUG 6 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Henry Avis

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Rainmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Corfe & Hanover

Cause of Death, First (Primary,) Syphilis

Second (Immediate.) Softening of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Aug. 5th

Undertaker, ~~Aug 5th~~ H Bois

Place of Business, Hennick St 81 *Address*

Harvey Stitt *M. D.*
Medical Attendant.

9 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4579.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisha Robinson Bard

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* seven *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, One year seven months

Place of Death, {Give street and number.} 261 Mc Dermott St

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, Aug 4th 1875

Edmund P Gorsuch *M. D.*
Medical Attendant.

Undertaker, William N. Dange

Place of Business, No. 104 East 21. *Address* 141 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry A Kettering

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 173 N. Caroline St

Cause of Death, { First (Primary,) Intestinal Inflammation / Second (Immediate.) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, c Aug 4th 1875

Undertaker, Geo. Schilling,

Place of Business, or c Fisy with & Monument st *Address* 356 N Eden St

E A Bane *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 4581

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lidie E. Jones

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 12 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and number.} Lombard St 212

Cause of Death, First (Primary,) Premature Birth.

Second (Immediate,) Hemorrhage

Duration of Last Sickness, 12 days.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 4th 1875

Undertaker, Chas. A. Pouder

Place of Business, No 520 N. Balto st

T. A Ashby M. D.
Medical Attendant.

Address University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ernest May McKnight

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 11 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 47 Fred'k Comm.

Cause of Death, { First (Primary,) Cholera Infant
Second (Immediate.) Marasmus.

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, August 4

{ *Undertaker,* J B Cook
{ *Place of Business,* 707 W'dy Baltimore *Address*

C. A. Smith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 4583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 3rd. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Ann. Connelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and number.} 32 Church Alley

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Edw. P. McGrath M. D.

Date of Burial, Agust [redacted] 1875 Medical Attendant.

Undertaker, Jas E Byrne

Place of Business, 63 ? Front *Address* 130 ½ E. Fay. 27 Hurt 2 ow to

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~*accurately filled out*~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter ~~t~~ Moughlin

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ~~*Years,*~~ ~~*Months,*~~ 20 minutes *Days.*

Color, White *Sex,* Boy

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 Rock St.

Cause of Death, First (Primary,) Convulsion brain caused by

Second (Immediate,) Difficult labor

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~St Peters~~ Cemetery Geo. J. Brewer M. D.

Date of Burial, Augt 4 Medical Attendant.

Undertaker, J B Cook 258 W. Fayette St.

Place of Business, 707 W. Pattimore ~~Address~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 45857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Died Aug 4th 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm F Krueger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Buffalo City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 19 Forsyth St

Cause of Death, { First (Primary,) Pulmonary Consumption

Second (Immediate,) 13 Mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 5th 1895

Undertaker, Adm. Weidemeyer

Place of Business, 578½ W. Baltimore St. *Address* 766 Lexington St

A H Burney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 4586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jennie M. Wiseman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 8 *Years,* ~~2 8~~ 9 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Emmittsburg Md.

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} 572 Aisquith Street

Cause of Death, {First (Primary,) Bright's Kidney Disease
{Second (Immediate,)

Duration of Last Sickness, Three days & a half "

All the above information should be furnished by the Physician.

Place of Burial, Emmittsburg, Md. S. G. Watson M. D.
Medical Attendant.

Date of Burial, August 5th 1875.

{*Undertaker,* Wm. H. Hickman. *Address* 235 N. Caroline St.
{*Place of Business.* 234 E. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 184

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 1875 BALTIMORE

Permit No. 4587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th Aug

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Genie Webb

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color, Col *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Genie birth

Duration of Residence in the City of Baltimore, M B Watts Court

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Tuberculor Meningitis

Second (Immediate,) Some Time

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, Augt 4th 1875

Undertaker, M. H. C. Perry

Place of Business, 448 W Pratt St

M M Smith M. D.

Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 4588

OFFICE OF REGISTRAR OF VITAL STATISTICS.

AUG 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3 of Aug. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick W. Luckann

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 4 *Months,* 18 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Sed.

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hessen - Cassel, Germany

Duration of Residence in the City of Baltimore. 5 years

Place of Death, {Give street and number.} 10 Eager St

Cause of Death, First (Primary,) Carcinoma hepatis et ventriculi.

Second (Immediate,) Hydrops, Marasmus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Fleet street Cemetery

Date of Burial, August 5th.

J. Mathias M. D.
Medical Attendant.

Undertaker, Wendelin Dippel

Place of Business, 151 E. Bond St. *Address* 247 S. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 3rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Hewell.

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, ~~*Single, Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Frederick Co Md.

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, { Give street and number. } 179 E Baltimore St

Cause of Death, { First (Primary,) Apoplexy

Second (Immediate,) 12 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, August 5, 1875

Thos. L. A. Buxton, *M. D.*
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 704 S. Broadway *Address* 293 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary J. B. [illegible]

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* Two Years *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 367 Hanover St

Cause of Death, { First (Primary,) ..... Second (Immediate,) Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 5th 1875

..... *M. D.*
Medical Attendant.

{ *Undertaker,* E. B. Cook
{ *Place of Business,* Baltimore St *Address* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1895

Full Name of Deceased, { Write plainly and spell correctly. If infant not named, give names of parents. } Clara Maria Foyle

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 18 *Years,* 6 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Balt. Except 2 years During Life

Place of Death, { Give street and number. } 324 Eighth St

Cause of Death, { First (Primary,) Inanition

Second (Immediate,) Hypertrophy of Heart

Duration of Last Sickness, 11 Days to 2 Days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, August 5th 1895 C. W. Cribbs — M. D.
Medical Attendant.

Undertaker, Chas F. Herold

Place of Business, 161 Hanover St *Address* 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
AUG
1875
BALTIMORE

Permit No. 4592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaretha Lupl

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 8 *Months,* 0 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city,

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 151 Jefferson Str.

Cause of Death, First (Primary,) Diarhoea Chronic

Second (Immediate,)

Duration of Last Sickness, 7 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Westend Cemetery.

Date of Burial, August 5 1875

Undertaker, Michael Hunt

Place of Business, No. 33 Bank.

F. Weiss M. D.
Medical Attendant.

Address 102 S. Broadst.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT A 6 1875 BALTIMORE.

Permit No. 4573,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Stall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. In U. S. 13 years

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 207 Montgomery street

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Paralysis (Apoplexy)

Duration of Last Sickness, two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, August 5th

Undertaker, H Brickle

Place of Business, Hennetta st 81

M. D. Woman
Corner

Medical Attendant.

Address 78 Lee street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

HEALTH DEPARTMENT AUG 1875 BALTIMORE.

Permit No. 43914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th of August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise K. Pfau

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 10 *Years,* 8 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 4 E. Balt. St

Cause of Death, First (Primary,) Ulceration of Bowels

Second (Immediate,) Peritonitis (Perforation)

Duration of Last Sickness, ~~to~~ 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 6th/75

G. Liebmann M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, cor Aisquith & Monument *Address* 58 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT A. G. BALTIMORE

Permit No. 4595.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret M. Schroeder

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 348 Bel Air Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery — James A Steuart M. D.

Date of Burial, Augt 5th 1875 — Health Attendant

Undertaker, Geo Schilling *Address* Commrs of Health & Registrar

Place of Business, Arsquitt & Monument Sq

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Geo Schilling Undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE MD.

Permit No. 4396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Crowl

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 16 *Months,* *Days.*

Color, *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 Clements St

Cause of Death, First (Primary,)

Second (Immediate,) Acute Meningitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem R. J. N. Tall M. D.

Date of Burial, August 5th 1875 Medical Attendant.

Undertaker, Julius Koehler *Address* 15 S. S. Sharp St

Place of Business, Cor Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Elizabeth Walker

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 12 *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 28 Christmas Alley

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Six Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Aug 5th 1875

Undertaker, Wm F Gill

Place of Business, 65 Mulberry St

W W Antrim M. D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura E Mason

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 15 days *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower?~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 84 St Marys st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 St Marys st

Cause of Death, {First (Primary,) Inanition

{Second (Immediate,) Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Forest cemetery

Date of Burial, Aug 5th 1874

H Darling M. D.
Medical Attendant.

Undertaker, Wm Somerville

Place of Business, 65 Mulberry st *Address* 113 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter L. Jones

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 28 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 3 Millinaus Street

Cause of Death, First (Primary,) Teething

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, August 5th 1875.

Undertaker, Wm. H. Hickman.

Place of Business, 234 N. Gay St.

Milton A. Taylor M. D.
Medical Attendant.

Address No. 100 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 Margrove alley

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) " "

Duration of Last Sickness. 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Augt 5th 1875

{*Undertaker,* Wm. D. Brown

Place of Business, 448 W. Pratt St.

James A Steuart M. D.
~~Medical Attendant~~

Address Commrs of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Julia Ann Comish who has had the child to Board for one month

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Viola Tracey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 7 S. Sticker St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 7 S. Sticker St,

Cause of Death, First (Primary,) Marasmus -

Second (Immediate,)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery John Goff M. D.

Medical Attendant.

Date of Burial, August 5

Undertaker, Wm. M. Leonard

Place of Business, 752 W. Balto St Address 258 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt. 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Kroeling

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 75 *Years,* — *Months,* — *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow,*~~ *Widower,* {Cross out the words not required in this line.},

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 29 Madeira alley

Cause of Death, {First (Primary,) Gen Debility / Second (Immediate,) old age

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Trinity Ch Cemetery James H Stewart M. D.

Date of Burial, Augt 6th 1875

{*Undertaker,* H. M. Gibmeyer *Address* Commiss of Health & Registrar

{*Place of Business,* 341 Conton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Pennsmith — Son in Law

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bettie Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's Co. Md

Duration of Residence in the City of Baltimore, Yrs

Place of Death, {Give street and number.} N.W. Corner Lexington & Holiday Sts

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks & 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, August 5th

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, James H Davis

Place of Business, No 12 Sonalogy

Address 55 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Justis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* — *Months,* — *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nil

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 291 Franklin st Balt

Cause of Death, First (Primary,) Dis Heart

Second (Immediate,) Dropsy.

Duration of Last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Augt 5th 1875

J H Patterson *M. D.*
Medical Attendant.

Undertaker, Jos. Loane

Place of Business, 56 & 58 W. Balto St *Address* 28 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special ... Physicians is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 4, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Hurl

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, forty-five (45) *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, House-Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carlow, Ireland

Duration of Residence in the City of Baltimore, ten (10) years

Place of Death, {Give street and number.} Cor Front Chestnut

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Complete exhaustion

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery A. L. Wolfe, M. D.

Date of Burial, August 6th Medical Attendant.

Undertaker, P. O'Brien

Place of Business, Front near Low *Address* Washington Cemetery Cor Colt & Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 4606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 8 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Baine

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 205 Dover St

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 205 Dover St

Cause of Death, First (Primary,) Colic —

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 10 August

Undertaker, Jas Sheehan

Place of Business, Canal Ann

H. C. Kleman M. D.

Medical Attendant.

Address 23 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 4607

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Baine

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 205 Dover St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Inf Glandular glands

Duration of Last Sickness, about 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Alpons

Date of Burial, Aug 6 Cemetery

Undertaker, Geo Sulsbon

Place of Business, 121 Pearl Ave

H. C. Kinman M. D.
Medical Attendant.

Address 23 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Henry Cole

Sex, Male ~~*or Female*~~, { Cross out the word not required in this line. }

Age, ____ *Years,* Sevin *Months,* ____ *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 154 Low St- Same birth

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } 140 Chesnut St-

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 5th 1875

Undertaker, William M Lunger

Place of Business, 1n 101 East St.

Geo. H. Reynolds M. D.
Medical Attendant.

Address 34 North Calvert St-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The [illegible] Physicians is respectfully invited to the remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Vasburg

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, one *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 Smith's alley near Chew St

Cause of Death, First (Primary,) Dentition /

Second (Immediate,) "

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Augt 6th 1875

James A Stewart M. D.
Medical Examiner.

Undertaker, W. Donovan

Place of Business, 6 Bank St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Martha Reynolds — mother of child

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 1410, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th August

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Watkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 14 *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State nr country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 44 Harmony Lane

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, August 6th

Undertaker, P. Kimmel

Place of Business, 373 Hatting Pl *Address* 192 Red St

J. W. Sutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Spec... Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Jane Carroll

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B. Co.

Duration of Residence in the City of Baltimore, 8 mo.

Place of Death, {Give street and number.} No 5 Vincent st

Cause of Death, {First (Primary,) .....
{Second (Immediate.) Cholera Infantum

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 5th 1875

Undertaker, W. H. Duncan

Place of Business, East St

Dr. Enterline M. D.
Medical Attendant.

Address 532 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special [illegible] Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} District Columbia

Duration of Residence in the City of Baltimore, 44

Place of Death, {Give street and number.} Corner Eutaw & Baltimore

Cause of Death, First (Primary,) Hepatitis

Second (Immediate.) Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, August 6th 1875

G. J. Wright *M. D.*
Medical Attendant.

Undertaker, Chas. T. Forrest

Place of Business, 210 N. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ... Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4613,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henriella Migal,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, *Sex,* Fem.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, {Give street and number.} 304 Sharp St.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, August 6th

Undertaker, H. Brick

Place of Business, Henrietta st 81

R. J. H. Tall, M. D.
Medical Attendant.

Address 158 S. Sharp St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4614,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Powell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 143 Eden St

Cause of Death, First (Primary,) Inflammation of Bowels

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 6th 78

Undertaker, John B. Hilkins

Place of Business, 167 Lee St

A H Elmer M. D.

Medical Attendant.

Address 76 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 14615

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore August 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Jennifer

Sex, Male or Female, {Cross out the word not required in this line.} Male infant

Age, Years, Five Months, Twenty three Days.

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} infant

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Five months & twenty 23 days

Place of Death, {Give street and number.} No 4 Plum Row

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, Eight days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 5th 76

Undertaker, John B. Williams

Place of Business, 107 Lee st

S L Dyer M. D.

Medical Attendant.

Address No 146 Hill st Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 4616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Smith

~~*Sex, Male* or *Female,*~~ {Cross out the word not required in this line.} Female

Age, Four *Years,* Nine *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 116 Pierce Street

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery E. C. Sill M. D.

Date of Burial, August 5th 75 Medical Attendant.

Undertaker, H. W. Chase

Place of Business, 198 Thwaites Address C/o Sulbey Ave & Smith Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

Permit No 4617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Lee

~~Sex,~~ Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 33 *Years,* 6 *Months,* ~~Days.~~

Color, Negro *Sex,* Male

Married, ~~Single Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. 33 Years 6 Months 5

Place of Death, {Give street and number.} No 25 Shuter St

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,)

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 5 75

{*Undertaker,* Samuel W Chase

{*Place of Business,* 194 N Howard St *Address* 349 N. Amer St

Apply Yeates M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4618,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret V. Tower

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 Choptank St

Cause of Death, {First (Primary,) " / Second (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Meth B. G. P. Ch

Date of Burial, Augt 6th 1875

James A Steuart M. D.

Attending Physician

{*Undertaker,* Wendel & Spurl / *Place of Business,* S. Bond St

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Alonzo E. Tower (Father)

The [illegible] Physicians is respectfully invited to the remarks below, and to List of Diseases on back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 5 1875

Permit No. 4619.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Eliza Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 5 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 4 Mos 5 Days

Place of Death, {Give street and number.} 41 N Spring St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.) Exhaustion

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 5th 1875

Undertaker, William H. Dunge

Place of Business, No 104 East St.

Chas M. Morfit *M. D.*
Medical Attendant.

Address 84 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 5 BALTIMORE

Permit No. 4620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Boylan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, August 6th 1875

Edwd F. Luckett M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Sp... Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 5 1875

Permit No. 4621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 5

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 Pierce St

Cause of Death, First (Primary,) valvular disease of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 6th

Undertaker, Wm Stubbins

Place of Business, 306 Aisquith St

G. T. Knight M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Francis Beal

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 8 *Years,* 10 *Months,* 25 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's County Maryland

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and number.} 47 Hanover st.

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Bronchial Catarh.

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem. *Date of Burial,* Augt. 6th 1875

D. G. Dausch M. D.
Medical Attendant.

Undertaker, L. B. Cook

Place of Business, 707 W. Balto *Address* 27 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ... Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 4623,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG. 6 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, if said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Illegitimate

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 14 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } Durham Sheet

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bal Baltimore Lyd Wm L. Russell M D

Date of Burial, Augt 5th 1875 per Undertaker M. D.

Undertaker, Parents Medical Attendant.

Place of Business, Mer Madison & Broadway Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

Permit No. 4624,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug^t 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abram Clinton Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 & 4 Durham Street (St)

Cause of Death, {First (Primary,) Scrofulous. Second (Immediate,) consumption

Duration of Last Sickness, whole life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. B. G.

Date of Burial, Aug^t 6th 1875

Undertaker, John W. Locke

Place of Business, Wolf St

James H. Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by. William Brown Father

...pecial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Goldman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Seventy three *Years,* Seven *Months,* Nine *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Fayette St. Corner Green St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, Six Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park

Date of Burial, August 8th

Undertaker, R. Kennedy Son

Place of Business, 92 N. Howard *Address*

Riggin Bucher M. D.
Medical Attendant

Wm. H. Reese M. D.
51 Charles St. Centre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4626

BALTIMORE AUG 6 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony — Foundling

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, about ~~Months~~, 5 weeks ~~Days~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the ~~City of Baltimore~~, Institution 3 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Marbury Brewer M. D.

Date of Burial, Aug. 6 1875 Medical Attendant.

Undertaker, — Sisters —

Place of Business, *Address* 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ration of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

Permit No. 4627

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG
6
1975
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th of August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Dörfler

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 212 Canton Ave

Cause of Death, First (Primary,) Confinement

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Aug. 6th 75

J Mathews M. D.
Medical Attendant.

Undertaker, H. Franz

Place of Business, No 280 Canton Ave

Address 245 S. Bethel [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...tion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4628,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 6th, 11 O'clock 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Hodges

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 167 Dover Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion,

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Cath. Peters Cemetry

Date of Burial, August 6th 1875

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore Str.

Frank Adreon, *M. D.*
Medical Attendant.

Address No. 15, W. C. Hunt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...tion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 august 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catitie Emory

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Baltimore 15 S. Schroeder St

Cause of Death, {First (Primary,) / Second (Immediate,)} old age / 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 7

E. L. Richardson M. D.
Medical Attendant.

{*Undertaker,* Wm M Seamus
Place of Business, 782 W Bal ...} *Address* 302 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas L. Bramble

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 *Years,* 11 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Captain of Vessel

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prince George County Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and number. } No 220 Barclay St. B.C.

Cause of Death, { First (Primary,) / Second (Immediate,) } Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Pembroke M. Hardesty *M. D.*

Date of Burial, August 7th 1875 Medical Attendant.

{ *Undertaker,* John Macher / *Place of Business,* No 150 Canton St, *Address* No 203 N. Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4631,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kitty Stewart

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Eighty Three *Years,* Seven *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ann Arundle Cty Md

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} 437 N Calhoun St

Cause of Death, First (Primary,) ~~Asthesia~~ Paralysis

Second (Immediate,) Asthenia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Dawsonville Anne Arundel Co Md

Date of Burial, Aug 7th 1875

Julius Hall M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 850 N Fayette St *Address* 427 Mound St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1/83.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara V. Woodall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Harford Ave near Point Lane

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Augt 6th 1875

James A Stewart M. D.
~~Medical Attendant.~~

Undertaker, Geo Schulley *Address* Commr of Health & Registrar

Place of Business, Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by, Theodore Woodall, Father in Law

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4633,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 8 1895 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. S. Watson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Magistrate

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 17 S. Howard

Cause of Death, First (Primary,) Bright's Kidney

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Aug 8th 1895

Jno E Bartgis M. D.
Medical Attendant.

Undertaker, Wright & Co

Place of Business, 63 & Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Geo Connor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 35 years in U.S.

Duration of Residence in the City of Baltimore, 35 years in Balt

Place of Death, {Give street and number.} Shot Tower Cor Fayette & Front

Cause of Death, First (Primary,) accidentally crushed by

Second (Immediate,) machinery

Duration of Last Sickness, Instant death

All the above information is given from my personal knowledge.

Place of Burial, St Patricks Burying Ground Edmund R Walker M. D.

Date of Burial, August 6th 1875 Medical ~~Attendant~~

Coroner M. C. D.

Undertaker, John H Weaver *Address* 180 Linden Ave

Place of Business, #22. W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4635,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William L. & Maria Roberson (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 193 French Street

Cause of Death, First (Primary,) Water on the Brain

Second (Immediate,) " "

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James H. Clements M. D.

Date of Burial, Augt 7th 1875 ~~Medical Attendant~~

Undertaker, Parents

Place of Business, Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Wm L Roberson Father

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4636.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tom Ling

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Years, 8 Months, 21. Days.

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 113 Bethel Court.

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, East Baltimore

Date of Burial, August 6 1895

Undertaker, Wm Donovan

Place of Business, 6 Bank St

James Atkinson M. D.
Medical Attendant.

Address Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Coroner Besley
113 Bethel Court

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 4637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Rasby

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* Four *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number.} No 7 China St

Cause of Death, First (Primary,) Asthenia

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Four days, moribund when brought to Office on yesterday

All the above information should be furnished by the Physician.

Place of Burial, West Fallsfield

Date of Burial, August 6 1895

Undertaker, W H Cleary

Place of Business, 448 W Pratt St Address

Julius Ball M. D.
Medical Attendant.

Southern Dispensary
145 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...l attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Bauer.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 21 *Days.*

Color, White, *Sex,* Male,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 4 S. Chapple, st.

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,) Exhaustion,

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, M. A. Johnsons Cemetery Cs. Glanville, Jr. M. D.

Date of Burial, Aug 6 Medical Attendant.

Undertaker, W. Dysil

Place of Business, South Bond st. *Address* 201 Washington av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt. 4-75-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} alice Skinnington

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 10 addison alley

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 10 addison aly

Cause of Death, First (Primary,) diarrhoea — I understand as

Second (Immediate,) Spasm — it was treated by a nurse —

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Augt 6

H R Halton M. D.

Medical Attendant.

Undertaker, J B Cook

Place of Business, 704 Aly Baltimore St *Address* 381 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 4640

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry L. Cooke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 3d *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {City street and number.} 66 N Shroeder St

Cause of Death, First (Primary,) Supposed Scarlet Fever

Second (Immediate,) Supposed Exanstion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W's Ament

Date of Burial, August 7

Undertaker, Wm Cook

Place of Business, 707 W Baltimore

Dr. J. D. Pennington M. D.
Medical Attendant.

Address 210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46441,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cox

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 198 Saratoga St

Cause of Death, {First (Primary,) / Second (Immediate,)} Epilepsy

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, Aug 6 1875

Jno Brooke Boyle M. D.
Medical Attendant.

Undertaker, H Coudl Bros

Place of Business, Saratoga St *Address* 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nelson Turner Gambrill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* *Days.*

Color, White *Sex,* male

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 149. Baltimore St. Baltimore

Cause of Death, First (Primary,) Chol. Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three weeks,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, August 8th 1875

A. F. Bell **M. D.**
Medical Attendant.

Undertaker, J. H. Jenkins & Son

Place of Business, 16 Light St. *Address* 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4613,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hannon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~ 3 hours ~~Days~~

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 189 Chestnut

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate,) Inability to support Extra Uterine life
being but 6 th months in utero

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt

Date of Burial, August 7- 75

Jno. Burke Boyle M. D.
Medical Attendant.

{*Undertaker,* John J. Fardenmayer *Address* 174 E. Eager st.
{*Place of Business,* 102 E Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. L. Duffin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 11 *Months,* 5 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 30 Forrest St

Cause of Death, First (Primary,) Valvular Disease

Second (Immediate,) of the Heart —

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Albany Evergreen Cemetery

Date of Burial, Aug 7th 1875.

Edwd F. Mulholland M. D.
Medical Attendant.

Undertaker, William A. Lange

Place of Business, No 104 East St *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4645

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Ann Green

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 3 *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.} Single

Occupation, Nurse &c

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 21 months

Place of Death, {Give street and number.} 47 Shuter St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Gradual Asthenia

Duration of Last Sickness, fourteen weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 7th 1875

D Webster Bethell M. D.
Medical Attendant.

Undertaker, William A. Lamb

Place of Business, 164 East St.

Address 14 & Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...r attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 6. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph I. Reed

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Berkley Co. Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 104 Boyd St.

Cause of Death, First (Primary,) Splenic disease

Second (Immediate,) Pyemia

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 7th 1875

Undertaker, Fox & Loane

Place of Business, 568 W. Balto St.

H. M. Wilson M. D.

Medical Attendant.

Address 253 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Gill

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 17 *Years,* 9 *Months,* 19 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, with her parents

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7. Sharp Street 60

Cause of Death, { First (Primary,) Tuberculosis pulmonum,
Second (Immediate,) Diarrhoea

Duration of Last Sickness, 1 1/2 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 8th August

H. Reinhart *M. D.*
Medical Attendant.

{ *Undertaker,* H. Price
{ *Place of Business,* Henrietta Street *Address* 224 W. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this...

Board of Health, City of Baltimore,

Permit No. 24648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th Aug. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Mckenrow

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, Black *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} No. 84 Wagner.

Cause of Death, {First (Primary,) Feeble at Birth
Second (Immediate.) Nasal Catarrh

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Hart St B. G. N. W. Dodson M. D.

Date of Burial, July 7th 1875 Medical Attendant.

{*Undertaker,* Parenti
{*Place of Business,* Address 207 Hanover St. Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 2

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Brady

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Havre de Grace

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} St. Agnes Hospital

Cause of Death, First (Primary,) Laryngeal Consumption

Second (Immediate,) ———

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemet

Date of Burial, Augt. 7th 1875

Edwd F. Mitchell and M. D.
Medical Attendant.

Undertaker, L. F. Byrne

Place of Business, Liberty St *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certi...

Board of Health, City of Baltimore,

Permit No. 4630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mohr

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, *Years,* 2 1/2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt'r

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 245 S. Dallas

Cause of Death, First (Primary,) .....

Second (Immediate.) Suffocation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 7th 1875

Thos. Kelly M. D.
Medical Attendant.
Coroner

Undertaker, Peters

Place of Business, —— *Address* 76 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

From information

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

Permit No. 4651.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Fuller Scott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 9 *Months,* 26 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 66 Mechanic St Md,

Duration of Residence in the City of Baltimore, Whole life time

Place of Death, {Give street and number.} 66 Mechanic St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, August 8th 1875

J. Gilman M. D.

Medical Attendant.

{*Undertaker,* Jacob Heaver

{*Place of Business,* 1648 Druid Hill Avenue

Address 172 Saratoga Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4653

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Long

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City 14 Scott St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 298 ~~Black~~ Hanover St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Aug 8th 2 PM

Undertaker, John Kuchler

Place of Business, Cor Eden & Bruce

H. A. Underwood M. D.
Medical Attendant.

Address 235 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 mo 7th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Selina Sophia Knell.

Sex, Male or Female, {Cross out the word not required in this line.} female.

Age, ____ *Years,* ____ *Months,* 15 *Days.*

Color, White *Sex,* female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 48 St Peters St.

Duration of Residence in the City of Baltimore, 16 days

Place of Death, {Give street and number.} 48 St Peters St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 day

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount Cemetery~~ Greenmount Park

Date of Burial, Aug 8th 1875

W. Riley M. D.
Medical Attendant.

Undertaker, John Macher

Place of Business, 16 Bond St, *Address* 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

Permit No. 46574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. T. Burke,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 74 York St.

Cause of Death, First (Primary,) Uterine Hemorrhage

Second (Immediate,) followed by complete exhaustion

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, 8th Aug

Undertaker, J. P. Byrne

Place of Business, Front St

Eldridge C. Price M. D.
Medical Attendant.
for Hon. William Hammond

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 4633

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 7 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th of August

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Ema Lewis~~ Emma Swann

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 months *Years,* *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Private Business "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore "

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} Watson Str. No 10.

Cause of Death, First (Primary,) Atrophia Asthenia

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, J. Tenant Stanley

Date of Burial, 2 ~~1~~ 8th

Undertaker, ~~Kelso~~ & Hughes

Place of Business, ~~Leonard E. Ball St~~ 140 ~~no 1st~~ East St *Address*

Fred. West M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

Permit No. 4956

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levi Gaskins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline County Md

Duration of Residence in the City of Baltimore, 1 years

Place of Death, {Give street and number.} 103 N Eden alley

Cause of Death, First (Primary,) Hypertrophy of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, 1 years

All the above information should be furnished by the Physician.

Place of Burial, Auburn Penniel ground

Date of Burial, Aug 7. 75

Undertaker, John W. Lake

Place of Business, 59 S. Wolfe st

Wm. E. Howell *M. D.*

Medical Attendant.

Address 1 Broadway and Duncan st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 4657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry A. R. Kohlberg Kohlberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 11 *Months,* 29 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 118 E. Pine st

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsion

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 7 1875

Undertaker, H. E. Pentz

Place of Business, 491 W Balt. St

C. L. Buddenbohn M. D.

Medical Attendant.

Address No 116 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 4658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Rice Street

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) 5 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 7th 1875

P Dueling M. D.
Medical Attendant.

Undertaker, P. Kummerd

Place of Business, 317 Mulberry St. *Address* 113 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 41159.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 7 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Washington Kragin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 10 *Months,* 2 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 53 Hanover st

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) Meningitis

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery C. W. Colburn M. D.

Date of Burial, August 7th Medical Attendant.

Undertaker, Wm. M. Leonard *Address* 166 W. Pratt st

Place of Business, 732 West Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 4660

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Foundling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, 4 Weeks ~~Days~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Lying in Asylum

Duration of Residence in the ~~City of Baltimore,~~ Institution 5 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) atrophy

Second (Immediate,) convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Mahony Bleuer M. D.

Date of Burial, Aug 6. 1875 Medical Attendant.

Undertaker, Saml Bowyer Address 201 N. Biddle St

Place of Business, Infant Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pectful[ly] ... Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Roberts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, _____ *Years,* _____ *Months,* Five *Days.*

Color, Black *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} _____

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give street and No. number.} 30 Bolton St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Exhaustion with

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 7th 1875

W. E. Moseley M. D.
Medical Attendant.

Undertaker, John C Gordon

Place of Business, 63 Park Av. *Address* 169 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back...

Board of Health, City of Baltimore,

Permit No. 4662

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany About one Year

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} 19 Forest st

Cause of Death, {First (Primary,) Typho Malarial Fever
Second (Immediate,)

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 7th August 1875

Geo. H. Dart *M. D.*
Medical Attendant.

Undertaker, J. F. Faulkner

Place of Business, 66 Frederick Ave *Address* 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

Permit No. 4613

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Overgoener

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 10 *Months,* 16th *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Dining life.

Place of Death, {Give street and number.} 351 William st

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum.

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Edwards R. C. Church

Date of Burial, Aug 8 1875 J. E. Harrington M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover st. *Address* 321 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ... who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ... hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ... the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 4664

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Jane McGan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House-servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 21 y

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Heart disease

Duration of Last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, Aug. 7th 1875

Undertaker, H. C. Wedefeld

Place of Business, 118½ N Calvert St

A. L. Wolfe M. D.
Medical Attendant.

Address Washington University

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person e and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adalbert Miller s. Albert Miller

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, —— *Years,* 8 *Months,* 22 *Days.*

Color, White *Sex,*

~~Married~~ *Single,* ~~Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 143 S. Spring St

Cause of Death, { First (Primary,) Meningitis

Second (Immediate,) Twelve Days.

Duration of Last Sickness,

All the above information should be furnished by the Physicain.

Place of Burial, N. Alphonsus Cemetery

Date of Burial, August 8th

Undertaker, Michael Feely

Place of Business, No. 35 Bond St.

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty an who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ght hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

Permit No. 4666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie May Chaulow

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 5 yrs 6 mos

Place of Death, {Give street and number.} 18 Hill St

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Coma

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Ft Platt

Date of Burial, 8 August 1875

Undertaker, Henry Hock

Place of Business, 319 Central Av.

J A Wane M. D.
Medical Attendant.

Address 256 N Sh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...an who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ...ght hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4667.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 6th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Evans

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 3 *Months,* *Days.*

Color, *Sex,*

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } Protestant Infant Asylum, 163 W. Lombard

Cause of Death, { First (Primary,) Second (Immediate,) } Inanition Thrush

Duration of Last Sickness, Two Month

All the above information should be furnished by the Physician.

Place of Burial, Eastern Ave

Date of Burial, August 7th

Undertaker, Wm Donovan *Address* 163 W. Lombard

Place of Business, 6 Bank St

F. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate containing, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 4665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 1/2 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 1/2 Mths

Place of Death, {Give street and number.} Protestant Infant Asylum, 163 W. Lombard

Cause of Death, First (Primary,) Inanition

Second (Immediate,) ____

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, August 7th

Undertaker, Wm Donovan

Place of Business, 6 Bank St Address 163 W Lombard

T. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate containing as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

Permit No. 4669

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE AUG 9 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Eliza Cochman

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 22 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} P. Baltimore City 53 Leadenhall Str

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 Leadenhall Str

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Burial Ground

Date of Burial, Aug 8th 75

{ *Undertaker,* H Brill
{ *Place of Business,* Hennetta & 81

S. F. Coyner M. D.
Medical Attendant.

Address 134 N. High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 6. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah M^c Fadden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bank of Balt. City

Duration of Residence in the City of Baltimore, 2 yr 8 mos

Place of Death, {Give street and number.} St Vincents Infl. Asylum.

Cause of Death, First (Primary,) Phthisis Mesentery

Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem^y

Date of Burial, Augt 7th 1875

Marbury Brown M. D.
Medical Attendant.

Undertaker, J. H. Palmer

Place of Business, 262 Penn Ave

Address 201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 4671,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE BOARD OF HEALTH 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Cotter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eighteen *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Student.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 330 Madison st

Cause of Death, First (Primary,)

Second (Immediate,) Typhoid fever.

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 7th 1875

Nicholas L. Cotter *M. D.*
Medical Attendant.

Undertaker, Thos F Byrne

Place of Business, 63 Front st *Address* 217 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 4692

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 10 1875 REGISTRAR'S DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances A Landers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 131 South Washington

Cause of Death, First (Primary,) Disease of Stomach

Second (Immediate,)

Duration of Last Sickness, Long duration

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 9th 1875

Gust. Wagner M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

Permit No. 4673

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attendest any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Read

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 3 / 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 311 N. Edmondson

Cause of Death, { First (Primary,) / Second (Immediate,) } Inanition

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Northampton Co Va

Date of Burial, Aug 29th 1875

John F. Monmonier M. D.
Medical Attendant.

Undertaker Geo W. Schilling

Place of Business, Cor. Monument & Aisquith Address

Simon Edmondson Road

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Issued 1874

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday, Aug. 6th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Schramseke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, 12 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 152 S. Wolf St. Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 152 S. Wolf St.

Cause of Death, First (Primary,) Convulsions & Prostration

Second (Immediate.)

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis Cemetary

Date of Burial, August 8th 1875

John H. Richberger, M. D.
Medical Attendant.

Undertaker, Geo Foehlich

Place of Business, 339 Canton Av *Address* 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Seventeen Months, 4 Days.

Color, Col. Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 359 Canton Avenue

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Eight hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 7th 1875

Nicholas J. Snider M. D.
Medical Attendant.

Undertaker, Geo Fockler

Place of Business, 339 Canton Ave

Address 207 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrence Manion

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty — *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Laborer (Drayman)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty-six years

Place of Death, {Give street and number.} 60 Hillman St

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate,) Asthenia

Duration of Last Sickness, Four or Five years

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, Augt 8th 1875

C. C. McDowell M. D.
Medical Attendant.
(Acting Dispensary Phys. of W. M. D.)

Undertaker, Jas P. Byrne

Place of Business, Front St

Address 290 Madison Ave

Dispensary - cor Granby and Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die In the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Over

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, Mulatto ~~Sex,~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 10 Liberty St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10. Bonnau Co.

Cause of Death, {First (Primary,) Morbus. Infs. / Second (Immediate,)}

Duration of Last Sickness, 2 day

All the above information should be furnished by the Physician.

Place of Burial, Lamert Cemetery

Date of Burial, August 7. 1875

Geo. H. Benson M. D.
Medical Attendant.

{*Undertaker,* Samuel McShane
Place of Business, 189 Hanover

Address 189 Hanover cor City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 31 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, August. 1st 8 30 P.M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Alexander Lutman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Six *Months,* twenty Six *Days.*

Color, Colored *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 74 Eutaw St

Cause of Death, First (Primary,) Marasmus

Second (Immediate.)

Duration of Last Sickness, During its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August. 31. 1875

Undertaker, Samuel H. Blake

Place of Business, 184 S Howard St

A Gregg Shultzer M. D.
Medical Attendant.

Address 117 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended durjng his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4679

ALTIMORE HEALTH DEPT. AUG 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Birdie E. Tabs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ___ *Years,* ___ 8 *Months,* ___ ___ *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, ~ none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Dawson Alley

Cause of Death, First (Primary,) Catark

Second (Immediate,) Teething

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery James Allen M. D.

Medical Attendant.

Date of Burial, August 9th 1875

Undertaker, William Brune

Place of Business, Dover Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

Permit No. 14680

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICA

1

CERTIFICATE OF DEATH.

Date of Death, Aug 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Max Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ~~No~~

Occupation, Pedlar

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} 108 Low Street

Cause of Death, First (Primary,) Senility

Second (Immediate,) exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loyd St Cemetery

Date of Burial, Aug 8th

A Friedenwald M. D.

Medical Attendant.

Undertaker, Wm Eclan

Place of Business, 101 Gough St *Address* 88 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

1

CERTIFICATE OF DEATH.

Date of Death, 6th August

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Steinmetzen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* 3 *Months,* 23 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Wyeth Street Nr. 73

Cause of Death, First (Primary,) Dropsie

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Hythonian Church Cemetery

Date of Burial, 8th August

Undertaker, John F Macher

Place of Business, Saco & Camden *Address* 224 West Fayette St.

A. F. Steinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 4682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch Emory

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 16 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 220 North Broadway

Cause of Death, First (Primary,) Teething

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, I cannot say. I saw the child but once

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 8th 1875

C. Milton H. Taylor M. D.
Medical Attendant.

Undertaker, Keighler & Co

Place of Business, 68 S. Broadway *Address* 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 4683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Wm Hammrich

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 141 Hollins st

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlet fever

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Augt 8

P. H. Benson M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 Baltimore st, *Address* 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Beetz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, Days.

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 110 Mulliken St.

Cause of Death, {First (Primary,) Unknown

Second (Immediate,)

Duration of Last Sickness, 4h

All the above information should be furnished by the Physician.

Place of Burial, Bolla Cemetery

Date of Burial, August 8th 1875

Thos. Kelly *M. D.*
Medical Attendant.
Coroner

Undertaker, Henry Lemmer

Place of Business, 152 Lombard St. *Address* 76 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 4685

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Herbert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~8~~ *Years,* June *Months,* June *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (And how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 190 Columbia Avenue

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate.)

Duration of Last Sickness, Two months (?)

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 8

Chas Wm Neff M. D.
Medical Attendant.

{*Undertaker,* J. H. Machen
{*Place of Business,* Camden & Pacca *Address* 306 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Lloyd

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, *Years,* Two *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lif

Place of Death, {Give street and number.} 125 Conway st

Cause of Death, {First (Primary,) Second (Immediate,)} Chrohre Infantum

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 8th

{*Undertaker,* J. S. Macher / *Place of Business,* Camden & Paca} *Address* Registrar

James A Steuart M. D.
~~Medical Attendant.~~
Commissioner of

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by J. S. Macher

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurred, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jabuia Reed

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* One *Months,* ____ *Days.*

Color, Black *Sex,* ____

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number.} 92 N Dallas st

Cause of Death, First (Primary,) Inanition

Second (Immediate,) ____

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 8th 1875

Undertaker, William A. Lange

Place of Business, No 164 East st.

Wm. L. Burrell M. D.
Medical Attendant.

Address Broadway and Madison st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. B 4688 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Seventh of August eighteen hundred and seventy-five

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude M. Lewis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, one *Years,* ~~Months,~~ 1 Fifteen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Baltimore~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 473 Aisquith st

Cause of Death, {First (Primary,) ; Second (Immediate,)} Cerebral Meningitis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Pa.

Date of Burial, August 9

H. B. Billingslea M. D.
Medical Attendant.

Undertaker, J. E. Cook

Place of Business, 707 W. Baltimore *Address* 242 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 7. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amy Smith Clemens

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Months, Eleven Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Eleven days.

Place of Death, {Give street and number.} 347. Mind Mile Bruns

Cause of Death, First (Primary,) Inflammation of Bowels

Second (Immediate.) Bad diarrhea

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, August 9th 1875

Wm. H. Hettrick, M. D.
Medical Attendant.

Undertaker, P. S. Mackin

Place of Business, Camden & Pacu *Address* 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4690

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Stith Johnston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Ninety four *Years,* Five *Months,* Two. *Days.*

Color, White - *Sex,* Female.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore March 6th 1781.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} No. 82. Franklin St.

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Renwick & Son

Wm. Johnston M. D.
Medical Attendant.

Undertaker, Wm. Renwick & Son

Place of Business, No 92 N Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4691.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial New Methodist Cemetery

Date of Burial, Aug 7th 1875

M. D.
Medical Attendant.

{ *Undertaker,* D Knight & Co
{ *Place of Business,* 65 & Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [redacted]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th . 1875. August

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Raffle Goldenberg & Inf. Rachael Goldenberg.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Years, Months, 20 Days.

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} 2 Brown St.

Cause of Death, First (Primary,) Congenital Hydrocephalus.
Second (Immediate,)

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cemetery

Date of Burial, August the 9th J. Harrington M. D.
Medical Attendant.

Undertaker, E. Stockhausen

Place of Business, No 345 Light St. *Address* 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augst. 1

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick County

Duration of Residence in the City of Baltimore, Balto City 50 years

Place of Death, {Give street and number.} Green st South of Columbia

Cause of Death, First (Primary,) .

Second (Immediate,) Paralysis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 9

Undertaker, S B Cook

Place of Business, 707 W Baltimore *Address*

D. P. Hoffman *M. D.*
Medical Attendant.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ba... ...rate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4694.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~ *Widow* ~~& Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 166 S. Washington St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 9. 1875

A. K. Ehrl *M. D.*
Medical Attendant.

Undertaker, W. A. Saiger

Place of Business, 74 S. Broadway *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Frankl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* four (4) *Months,* Twenty two (22) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 105 Stricker St.

Cause of Death, {First (Primary,) Infantile Remittent
Second (Immediate.)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Morgan Switch

Date of Burial, August 9th

Undertaker, Wm. M. Leonard

Place of Business, 782 W. Baltimore

Address 234 Hollins St.

John Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit C185

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac... ...e.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 32 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Va.

Duration of Residence in the City of Baltimore, about 3 1/2 years

Place of Death, {Give street and number.} 81 Harmony Lane

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 Wks.

All the above information should be furnished by the Physician.

Place of Burial, West Baltimore *James A Stewart* M. D.

Date of Burial, Aug. 9 1875 ~~Medical Attendant.~~

Undertaker, M. Cherry

Place of Business, 4 Whale St *Address* Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Daughter

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday August 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Saunders

~~*Sex, Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 70 *Years,* —— *Months,* —— *Days.*

Color, Negro *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. } widow.

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prairie County Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 606 Davis St.

Cause of Death, First (Primary,) Parenchymatous Degeneration of Kidneys

Second (Immediate,) Uraemic intoxication

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery Loudon

Date of Burial, Aug 9th 1875

Undertaker, Wm P Gray

Place of Business, 65 Hanover St *Address* 51 Calvert St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infl. of Frank & Kelley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* 5 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.o City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Stockton alley bet Harlem & Lanvale

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, West Baltimore Cem. James A Stewart, M. D.

Date of Burial, Aug 9 1895 Medical Attendant

{ *Undertaker,* W. H. Cleary

{ *Place of Business,* 41 W Pratt St Address Comr. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [redacted].

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 5 1875 REGISTRAR'S DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Aug [redacted] 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } [redacted] Howard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the words not required in this line. } Widower

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Howard Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } Church Home Cor Broadway

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, 7th Aug 1875

Frank D Garvin M. D.
Medical Attendant.

Undertaker, Geo Lowe

Place of Business, 568 W Balto St Address Church Home Cor Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sarah Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 68 E Pratt st

Cause of Death, First (Primary,) Hemorrhagic Apoplexy

Second (Immediate,)

Duration of Last Sickness, 9. days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 10th 1875

Undertaker, Jno. S. Mackin

Place of Business, Camden & Paca *Address* 76 Paca

M. Hussey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4701

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 8 – 11 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regina Theler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, one *Years,* — *Months,* 17 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 49 Hillman st

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Aug 9/75

Undertaker, C. Thaessing

Place of Business, 136 E Fayette

Dr Hilderick M. D.

Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 8 / 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharina Dausa

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 7 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore. — Life

Place of Death, { Give street and number. } 75 S. Chapel

Cause of Death, { First (Primary,) Scarlatina

Second (Immediate,) 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bt. Repose Cem.

Date of Burial, Mon, Aug 10/75 5 P.M.

Abram B Hunt M.D.
Medical Attendant.

{ *Undertaker,* W. H. Bauer

{ *Place of Business,* 77 S. Wolfe St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4703.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th " 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Schutte.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 0 *Years,* 0 *Months,* 1 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower.*~~ {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltr. City

Duration of Residence in the City of Baltimore, 1 day.

Place of Death, {Give street and number.} Alice Anna st. No. 320.

Cause of Death, First (Primary,) Emphysema.

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, ~~Fleet st.~~ Cemetary

Date of Burial, August 9th " 75.

Undertaker, Fröhlich

Place of Business, Canton ave. 339 near Wolf st.

John. A. Schutte M. D.
Medical Attendant.

Address N. E. cor. Gough and Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 9 1875

CERTIFICATE OF DEATH.

Date of Death, August 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Keighan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1. *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 6 E. Balt St.

Duration of Residence in the City of Baltimore, 22 m.

Place of Death, {Give street and number.} 6 E. Balt.

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) "

Duration of Last Sickness, Nine weeks.

All the above information should be furnished by the Physician.

Place of Burial, Md cathedral cemetery

Date of Burial, August 10 1875

Christopher L Bruff M.D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, 119 63 Mc Henry *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Riordan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} female

Age, 19 *Years,* *Months,* 20 *Days.*

Color, White *Sex,* female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Whole lifetime

Place of Death, {Give street and number.} 181 Union pl

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery D Whitehurst Bethell M. D.

Medical Attendant.

Date of Burial, August 10 1875

Undertaker, Jame P Byrne *Address* 14 S. Eutaw St.

Place of Business, Pr 63 N Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Grenzer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 5 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 222 S. Charles St.

Cause of Death, {First (Primary,) ____ Second (Immediate,) Inanition

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial Druidhill Park Cemetery R. J. H. Tall, M. D.

Date of Burial, August 9th 1875 Medical Attendant.

Undertaker, Adam Weidemeyer *Address* 158 S. Charles St

Place of Business, 618½ W. Baltimore Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Holmes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirteen *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, Ten Months

Place of Death, {Give street and number.} 14 Harmony Lane

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, A few months

All the above information should be furnished by the Physician.

Place of Burial, Harpstreet Cem

Date of Burial, August 9th 1875

Undertaker, Parnell

Place of Business, —

Address 141 Lang St

A. D. Chaney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunda Schnifer

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* 8 *Months,* *Days.*

Color, white *Sex,*

Married, ~~*Single,*~~ ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 203 N. Front St

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 9 years.

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Com

Date of Burial, Aug 10 1875

Undertaker, Henry Hoyt *Address* 152 Shark.

Place of Business, 304 Central Ave

L Lusaw *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on b...

4709

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Buttes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} not Known

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} not known

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} Lombard St Infirmary

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,) Congestion Chill

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, Augt 9th 1875

T. A Ashby M. D.
Medical Attendant.

Undertaker, M. H. C Perry

Place of Business, 448 W. Pratt St

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 August 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Cash

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 35 *Years,* *Months,* *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, No

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Antigua W Indies

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, { Give street and number. } No 152 E. Monument St Balto

Cause of Death, First (Primary,) Cancer Stomach

Second (Immediate,)

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, August 10. 75

Undertaker, John J Rodenmyer *Address* 23 Franklin

Place of Business, 102 E. Monument St

J H Pattison *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Tibbals

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 204 Hanover St

Cause of Death, { First (Primary,) Dompsy — Scarlet Fever

Second (Immediate,) — Convulsions —

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 9." 1875

{ *Undertaker,* [illegible] Blizzard

{ *Place of Business,* 66 E[illegible]

A H Bunce *M. D.*
Medical Attendant.

Address 76 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hopkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 47 Lucerne St Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 47 Lucerne St Baltimore Md

Cause of Death, {First (Primary,) Fever Infantum

Second (Immediate.) Worn out

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery

Date of Burial, August 10th 1875

E. Shaw Williams M. D.
Medical Attendant.

Undertaker, A. M. Gilmeyer

Place of Business, 341 Canton Av.

Address No 336 West St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian Alma Jordan

Sex, Male or Female, {Cross out the word not required to this line.} Female

Age, 4 *Years,* 4 *Months,* ... *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 99 Edmonson Avenue

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) ...

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug. 10th

S. T. Knight M. D.
Medical Attendant.

Undertaker, J. B. Blackistone & Son

Place of Business, 606 W. Balt. St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Emmich

Sex, Male or Female, { Cross out the word not required in this line. } Emmich

Age, 7 *Years,* 4 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 141 Hollins st

Cause of Death, { First (Primary,) Scarlet fever / Second (Immediate,)

Duration of Last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, Buttemer Comm't G. P. Benson M. D.

Date of Burial, August 10 Medical Attendant.

{ *Undertaker,* S B Cook

{ *Place of Business,* 767 W Baltimore st *Address* 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible].

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Birdie Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Five *Months,* Two *Days.*

Colored —— *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —— Since Birth

Place of Death, {Give street and number.} No 85 Moore Alley

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) Asthenia

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Laural cemetary

Date of Burial, Aug. 10th

Undertaker, Peter Hummert

Place of Business, 317 Mulberry

C. C. McDowell M. D.
Medical Attendant.

Address 290 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wolfgang Frederick Schenkel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Nine *Months,* Twenty one *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Baltimore City Philadelphia Road

Cause of Death, First (Primary,) Brain

Second (Immediate,) Pneumonia

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, August 10th 1875

E. P. Burns *M. D.*

Medical Attendant.

Undertaker, Wolfgang Schenkel.

Place of Business, 5 Watson St

Residence Address 406 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Simmonds

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 13 *Months.* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lemon Sq Balt City

Duration of Residence in the City of Baltimore, 9 Y.

Place of Death, {Give street and number.} 16 Addison Sq

Cause of Death, First (Primary,) cholera Infantum

Second (Immediate,) Spasms

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cassel Haven in Dorchester Geo H. Dare M. D.

Date of Burial, Aug 11th Dorchester county Medical Attendant.

Undertaker, H B. Cook

Place of Business, No 704 N Bal st *Address* 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 186

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lutz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 28 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 181 E. Lombard St

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) Convulsions

Duration of Last Sickness, Since Birth

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery *Jno A Steuart* M. D.

Date of Burial, Augt 10 1875 Medical Attendant

Undertaker, Wendell & Bispel *Address* Commiss of Health

Place of Business, 151 S. Bond St Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by William Lutz Father of Child

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10th August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace E Bians

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 119 Montgomery st

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Three months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Calvert

Date of Burial, July 10th 1875

Undertaker, Austin & Denny

Place of Business, 963 Eighth st

J. M. Webster M. D.
Medical Attendant.

Address 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William F. Mussall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} No. 379 Orleans St

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Meth. Cem'y Bel Road Wm H. Glendinen, *M. D.*

Date of Burial, Aug 10 Medical Attendant.

Undertaker, W. Fry

Place of Business, 54 N Broadway *Address* No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Owens

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 659 N. Fayette St

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Wednesday 11 Aug /75

Thos. F. [illegible] *M. D.*
Medical Attendant.

Undertaker, S.W. Jenkins & Son

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Martin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} female

Age, About 51 *Years,* *Months,* *Days.*

Color, white *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Storekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 21 years 5 months 2 days

Place of Death, {Give street and number.} No 4 S. Bethel st.

Cause of Death, First (Primary,) Change of life

Second (Immediate,)

Duration of Last Sickness, 20 months

All the above information should be furnished by the Physician.

Place of Burial, Govanstown P. G. Dausch M. D.

Date of Burial, August 11th Medical Attendant.

Undertaker,

Place of Business, R. L. Burns Address 27 & 29 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4723

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Stricker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 7 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 211 William St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, August 11th 1875

Undertaker, Charles F. Hengle

Place of Business, 161 Hanover St

J. H. Smith M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8, 12 p m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Sinner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Steed

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} Maulbery Sinner Park No 55

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Alpaneus Cimetery

Date of Burial, August 10th

John J Litzer. M. D.
Medical Attendant.

Undertaker, R Kimmel

Place of Business, 317 Maulbery St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie A Wiseman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Nine days

Place of Death, {Give street and number.} 572 Aisquith Street

Cause of Death, First (Primary,) Premature birth (1)

Second (Immediate,) " "

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, August 10th 1875

A G Watson M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman,

Place of Business, 234 E. Gay St. *Address* 235 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Chandler,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 413 E. Ave.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Meningitis.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Graveyard

Date of Burial, August 11th 1875

C. Granville Rieck M. D.
Medical Attendant.

Undertaker, H. M. Gilmoyer

Place of Business, 341 Canton Ave

Address Balt. & Wash. Pike

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Klein

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, 2 B, Months, Days.

Color, White *Sex,*

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 99. Spring St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 99. Spring St

Cause of Death, First (Primary,) Diarhoea infantum

Second (Immediate.)

Duration of Last Sickness, 20. Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, August 10th

Undertaker, Mihal Kuntz

Place of Business, 1 S 35 Bank *Address*

John W. P. Britt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11220

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug^{t} 9

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta J Mark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 9 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Penn Avenue near Stricot Lane

Cause of Death, {First (Primary,) Consumption of the bowels

{Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 11th August 187.

Undertaker, J. R. Paulus

Place of Business, 66 Frederick Ave *Address*

J J Knight M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

I saw this child but once

[OVER.

No. 1[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4729.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 10 1875 BOARD OF HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucan F. Blackston

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1 Potapsco Ave.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Medical Attendant.* K. M. Hall M. D.

Date of Burial, Aug 10th 1875

{*Undertaker,* John B Williams *Address* 266 S. Sharp St.

{*Place of Business,* 117 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Sofsky

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 15 hours *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Penn Street

Cause of Death, {First (Primary,) ——
{Second (Immediate,) Spasms

Duration of Last Sickness, during life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Augt 10th 1875

James A Lenahan M. D.

{*Undertaker,* Phil Seewald
{*Place of Business,* 35 S. Eutaw St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information Theodore Sofsky Father of Child

No. 4731

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Evans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House-Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Winchester Virginia

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 152 Lee St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 10th 1875

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St *Address* 307 Madison Avenue

J. B. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 4732

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~July~~ Aug 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Keigle.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and number.} 100 E. Chapel St.

Cause of Death, {First (Primary,) Cancer of Stomach. Second (Immediate.) Hemorrhage.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Aug. 10th 10 a.m.

G. Maxwell Ruth M.D.
Medical Attendant.

Undertaker, John Krause

Place of Business, 77 N. North St. *Address* Balto Washington Co,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Thomas Tobeck

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 13 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } B city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 297 Columbia st

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemty

Date of Burial, Aug 11th 1875

Undertaker, Chas F. Herold

Place of Business, 161 Hanover St *Address* 76 Penn Ave

A H Lowney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4734

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4734

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Smothers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13. *Years,* — *Months,* — *Days.*

Color, Black *Sex,* female

Married, ~~Single,~~ Widow or Widower {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 46 St Mary St.

Cause of Death, First (Primary,) Softening of ~~Stomach~~ Brain

Second (Immediate,) " "

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, August 10th 1875

Louis L. B. Horn M. D.
Medical Attendant.

Undertaker, John C Gordon.

Place of Business, 63 Park Av. *Address* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 773

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 10 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Regay

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 1 *Months,* 5 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 43 N. Chapel St

Cause of Death, { First (Primary,) Spasms

{ Second (Immediate,) one week

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St. Michaels Cem

Date of Burial, Augt 11 1875

Undertaker, Keller

Place of Business, E Lombard St *Address* Comm of Health & Registration

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the b[illegible] Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or s[illegible]e person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Barbara Regay Mother

[OVER.

No. 1756

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT AUG 1875 BALTIMORE

Permit No. 4736

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McGlennon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59. *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hackman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 189 German

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Int Peters Cemetry

Date of Burial, August 11th 1875.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

Edwd F. Richeland M. D.
Medical Attendant.

Address 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4737

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelius Ridgeway

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Y 10 *Years,* *Months,* 18 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} " "

Occupation, " "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 18 days

Place of Death, {Give street and number.} N. 1. Ridgeway Ct leading from Barre St

Cause of Death, First (Primary,) Laryngismus Stridulus

Second (Immediate,) Convulsions Brights Dis.

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 10th 75

Undertaker, Samuel McClure

Place of Business, 181 S Howard St

J. F. Brown M. D.
Medical Attendant.

Address 176 So Howard St Balt Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Ross

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 141 Chesnut St

Cause of Death, First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James Steuart M. D.

Date of Burial, Augt 11th 1875

Undertaker, Jas H. Davis

Place of Business, Saratoga St *Address* Commiss of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by William Stevens occupant of house & Davis the Undertaker

No. 31,017

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4739.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Shelton W. Crabb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 8 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co Lombard & Schnebel Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 137 East Dr.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 11th 1875

{*Undertaker,* Wm. Hickman.
{*Place of Business,* 234 S. Gay St.

E. L. Williams M. D.
Medical Attendant.

Address 1130 East St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4740

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 19 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 19 days

Place of Death, {Give street and number.} 212 W Lombard St.

Cause of Death, {First (Primary,) Premature Birth

{Second (Immediate,) Asthenia

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 11th 75

{*Undertaker,* Charles Sonder

{*Place of Business,* 327 S Eutaw St.

T A Ashby M. D.

Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9 h. 30 m. P.M. 9th August, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emrich Joseph Weis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58. *Years,* 8. *Months,* 23. *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Weilbach in Bavaria

Duration of Residence in the City of Baltimore, Over 30 years

Place of Death, {Give street and number.} No 8 Conte St from Penn Ave

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, about Six days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, August 12 th 1875

Undertaker, Chas J. Serwin

Place of Business, 271 W Eutaw St *Address* 83 Franklin St

Wm. J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47442

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug: 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A: McCullum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 220 N: Howard st:

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, August 11th 1875

Undertaker, Chas: Scriven

Place of Business, 271 N. Eutaw st Address 117 Madison Street

W Griffith *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

47443

Board of Health, City of Baltimore,

Permit No. 47443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 10 1875 3 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Krueck

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 97 Thames St

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } 97 Thames

Cause of Death, { First (Primary,) Diphtheritic Croup

Second (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery James E Donnelly M. D.

Date of Burial, 11th August Medical Attendant.

{ *Undertaker,* John C. Krueck

{ *Place of Business,* 265 Aliceanna *Address* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 11
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Dunn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} Mount Clare Yard.

Cause of Death, { First (Primary,) Run over by a freight Car
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County,

Date of Burial, August 11th 1875

Geo C Ogle Coroner *M. D.*
Medical Attendant.

{ *Undertaker,* John Flaherty
{ *Place of Business,* No 151 Camden *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 47745

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 187[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis I Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all of his life

Place of Death, {Give street and number.} Clark St nr B C

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, the day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, the 11 Cemetary

D. S. Hoffman M. D.

Medical Attendant.

Undertaker, Geo Saffron

Place of Business, No 121 Jamison Lane

Address Center

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4746

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward H. Dirth.

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 7 *Months,* 1 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 385 N Eutaw St

Cause of Death, { First (Primary,) Cold Dysentery. / Second (Immediate,) 21 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 11/75

{ *Undertaker,* Armstrong & Demy / *Place of Business,* 263 Light St } *Address*

John L. L. Hoge *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4747.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 10th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel O'connell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 208 Cross st.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem. R. J. H. Tall M. D.

Date of Burial, August 11th 1875 Medical Attendant.

Undertaker, Philip Koehler

Place of Business, Cor Sharp & Crosse Sts. Address Cor. Lee & Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L Frisby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 2 5 *Days.*

Color, Blk *Sex,*

Married, Single, ~~Widow or Widower~~, {~~Cross out the words~~ not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, whole lifetime

Place of Death, {Give street and number.} 65 Myrtle Avenue

Cause of Death, First (Primary,) Ileus Intussusception

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, August the 11. 1875

Undertaker, Palmer Jordan

Place of Business, No 63 park ave

D Webster Cathell M. D.
Medical Attendant.

Address 172 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

51
57

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walt William Lich

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, Months, 2 Days.

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 92 Gay St Baltimore

Duration of Residence in the City of Baltimore, 7 mo. 2 days.

Place of Death, {Give street and number.} 52 Caroline St.

Cause of Death, First (Primary,) Teething

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenley Church Cemetery J A Phys M. D.

Medical Attendant.

Date of Burial, Aug 11/75

Undertaker, C. H. Rossig

Place of Business, 136 E Fayette St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4760.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 10. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Bickel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Years

Place of Death, {Give street and number.} Bloomfield Ward

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Life Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 11/75

Undertaker, C. H. Rossing

Place of Business, 136 E. Saratoga St. *Address*

C. H. Pitt *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Flaherty Irvine

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 8 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore. 28 Years

Place of Death, {Give street and number.} 48 Albemarle St

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Aethenia

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 11 1875

Undertaker, James D Byrne

Place of Business, No 63 N Frem St

Chas M. Moffit M. D.
Medical Attendant.

Address 84 East Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 14702

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D Canton.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years* 7 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S. W. Cor Greenmount Ave and John St

Cause of Death, First (Primary,) Malignant Scarlet fever

Second (Immediate,) 4 days.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, August 11 1875

Undertaker, James D Byrne

Place of Business, No 63 N Front St

D N Snider M. D.

Medical Attendant.

Address 134 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...ON 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...ysician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ...y-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 4753

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

Date of Death, Aug 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Willie Dunn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* Eight *Months,* ~~~ *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 193 N Exeter St

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Hydrocephalus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, August 11 1875

{*Undertaker,* James P Byrne / *Place of Business,* 63 N Front St}

S. F. Coyner M. D.
Medical Attendant.

Address 134 N High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 4754 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Borne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bonnebrook Maryland

Duration of Residence in the City of Baltimore, 23. Years

Place of Death, {Give street and number.} 152. N Exeter St

Cause of Death, First (Primary,) ——

Second (Immediate,) Phthisis

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery *R. Restored Codd* M. D.

Medical Attendant.

Date of Burial, August 12th 1875

Undertaker, John H. Weaver

Place of Business, #22. W. Fayette St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 4755

The Physician who attended any person in a last illness is responsible for the presentation of this Certific[illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death [illegible] said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 11th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Anna L Garvey

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* 22 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 250 North Calvert

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, August 11th

Chas A Donovan M. D.
Medical Attendant.

Undertaker, Hey Hocott

Place of Business, 309 Central Avenue
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 4756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Danl Ricley

Sex, Male or Female, {Cross out the word not required in this line.} " Male

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 26 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 104 S. Paca St.

Cause of Death, First (Primary,) Abscess of the Jaw.

Second (Immediate,) Erysipelas

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 12th 1875

Undertaker, Jno. S. Hachen

Place of Business, Camden & Paca

R. C. Lee M. D.
Medical Attendant.

Address N. W. Cor. Harrison Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 4757

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Quinn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Home of Aged Fulton & Franklin Sts

Cause of Death, First (Primary,) old age

Second (Immediate,) Exhaustion

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 11th 1875

Undertaker, John L Hoeche

Place of Business, No 160 Camden St *Address*

J. R. Uhler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Kayser

~~Sex,~~ Male or Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* Five *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germantown Pa.

Duration of Residence in the City of Baltimore, Eight Months

Place of Death, {Give street and number.} No 7 South Ann Street

Cause of Death, First (Primary,) Cholera

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 11th 1875.

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St.

L. C. Law M. D.
Medical Attendant.

Address Corner Fayette & Paca Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 4759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore August 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Clay Hackett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* Ten *Months,* Sixteen *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Infant

Occupation, Nothing Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Twenty Three months

Place of Death, {Give street and number.} No. 136 York St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 11th 1875

Undertaker, John B. Williams

Place of Business, 107 Lee St

L. L. Dyer M. D.

Medical Attendant.

Address No. 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 4760 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 10. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Seybold

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty Nine *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, {Give street and number.} No 127 S. Caroline St

Cause of Death, First (Primary,) Jaundice

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 12th 1875

Undertaker, Wright & Co

Place of Business, 625 Broadway

Nicholas L. Lashar M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 4761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Doyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower;*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 134 Hanford Ave

Cause of Death, First (Primary,) ~~Athisis~~

Second (Immediate,) Phthisis

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 13th 1875 — Jm. Brooke Boyle M. D.

Medical Attendant.

Undertaker, Henry H. Mears

Place of Business, 64 N Gay St *Address* 174 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 4762

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 11 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas: Webster Shriver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 8 hours ~~Days.~~

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 524 St Peter St

Duration of Residence in the City of Baltimore, 8 hours

Place of Death, {Give street and number.} 524 St Peter St

Cause of Death, {First (Primary,) / Second (Immediate.)} Premature birth

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 12 1875

Undertaker, W. S. Dill

Place of Business, 183 Columbia St.

Jos. E Clayton M. D.
Medical Attendant.

Address 18 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4763

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Willie Butler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 Years 23 days

Place of Death, {Give street and number.} 24 S Population Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Brain fever 9 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, August 11

Undertaker, S B Cook

Place of Business, 767 W Balto

J H F Wolfe M. D.
Medical Attendant.

Address 267 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 47644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Reynolds

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, One *Years,* two *Months,* Eleven *Days.*

Color, white *Sex,* Female

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tyrone, Pa

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 108 Greenmount Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Tyrone Pa

Date of Burial, Aug 12, 1875

Thomas Opie M. D.
Medical Attendant.

Undertaker, John I Rodemayer *Address* 396 N Fayette St.

Place of Business, 102 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 187

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 47165

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George. Heinz & Babel Heinz

Sex, Male or Female, {Cross out the word not required in this line.} ~~Fe~~ Male

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 395 S. Eutaw e.

Cause of Death, {First (Primary,) Premature Birth.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 12 th 1875 R. J. H. Yale. M. D.
Medical Attendant.

Undertaker, Julius Hoechlin

Place of Business, ~~Sty~~ Cor Lee & Sharp e. Address Cor Sharp & Cross st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back.

Board of Health, City of Baltimore,

Permit No. 4766

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

Date of Death, August 10th 1875 2 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Francis Chew

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 57 Lexington st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) 4 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Hedgelane Cemetery

Date of Burial, August 12th 1875

James E. Donnelly **M. D.**
Medical Attendant.

Undertaker, H. H. Gilmore

Place of Business, 341 Central Ave. *Address* 299 E. Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 188

[OVER.

...ecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST...

Permit No. 4767.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles & Anna Ball

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ~~Seven~~ *Months,* ~~Three~~ *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~No. 121 N. Durham St,~~ Balt City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Durham St, No 121

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cy

Date of Burial, Aug 11 1875 A. J. Foard *M. D.*
Medical Attendant.

Undertaker, Solon W. Locks

Place of Business, 65 S. Wolf St *Address* No 16 S. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

9 [OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 4768

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel and Mary C Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 hours *Days.*

Color, white *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 156 N. Bond st.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 156 N. Bond st.

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) about 6½ months

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery Chas J Kluber M. D.

Date of Burial, Augt 12 1875 Medical Attendant.

Undertaker, R. Hall

Place of Business, E. Ballo st *Address* 222 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...al attention of Physicians is respectfully invited to the remarks below, and to list of diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 14769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Louis~~ Nina Allen Cohen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 158 Bond St

Cause of Death, First (Primary,) Fall from 2d Story window

Second (Immediate,) Hemorrhage in Brain

Duration of Last Sickness, few hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 12th 1875

Undertaker, John Thacher

Place of Business, 160 Canton Av, *Address*

J Abbuey *M. D.*

Medical Attendant.

76 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4770

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately* filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Louisa Hankin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 129 Boyd St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 129 Boyd St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion &c

Duration of Last Sickness, A Month

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet

Date of Burial, August 12

Undertaker, J B Cook

Place of Business, 707 W Balto

W L Keyser M. D.
Medical Attendant.

Address 845 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4771

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 11th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Clarke

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 86 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland 26 years.

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, { Give street and number. } W. Pratt St & Stockton alley

Cause of Death, { First (Primary,) old age / Second (Immediate,) Diarrhoea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery James H Hunt M. D.

Date of Burial, Augt 13th 1875 Physician or Attendant.

{ *Undertaker,* L. B. Cook

{ *Place of Business,* 707 W. Balto St. *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by L. B. Cook Undertaker

[OVER.

...ial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST...

Permit No. 4772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Deitrich

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 308 Hanover st

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 13 th

Undertaker, H Boiler

Place of Business, Henrietta St 81

Gordon Cook M. D.
Medical Attendant.

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 4773 OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately ... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

... DEPT. 21 1875 BALTIMORE ...

CERTIFICATE OF DEATH.

Date of Death, May 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Steward

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First (Primary,) ...

Second (Immediate,) dysentery

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, August 12th 1875

Chas Fawcett M. D.
Medical Attendant.

Undertaker, Andrew Leib

Place of Business, 118 Druid Hill Ave *Address* 93 Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST...

Permit No. 4771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert J. Reinhardt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Washington road

Cause of Death, First (Primary,) Convulsion

Second (Immediate,) ____

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens and Cemetery

Date of Burial, Thursday 12 at 9 O Clock

E. L. Buddenbohn *M. D.*
Medical Attendant.

Undertaker, Andrew Knell

Place of Business, [redacted] *Address* 206 Columbia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 4775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore August 16 th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary F. Parsons

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Three *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Child

Occupation, Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Illegitimate Maryland

Duration of Residence in the City of Baltimore, All three years

Place of Death, { Give street and number. } No. 68, Biltimore city

Cause of Death, { First (Primary,) Rubeola

Second (Immediate,) Congestion et convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 18, 1875

Undertaker, Samuel McClean

Place of Business, 1908 Hanover st

L. L. Lyer M. D.

Medical Attendant.

Address No. 146 Hill St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...al Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 4776.

OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Miller

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, [illegible] *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number. } No 118 Biddle St

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. J. W. L. Wilson M. D.

Date of Burial, August 12. 1875 Medical Attendant.

Undertaker, Henry Koch

Place of Business, 30 Central Av. *Address* Biographer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Cath Rosenberger

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, *Years,* 3 *Months,* 24 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 3 mos 24 days

Place of Death, {Give street and number.} 252 N Sharp St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Johns Ch Baltimore *M. D.*

Date of Burial, August 12, 1875 Medical Attendant.

Undertaker, Henry Heck

Place of Business, 309 Central Av. *Address* 256 N Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 4778

OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Aug 11 –

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josephine Johner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, —— *Years,* 9 *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ——

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —— Life

Place of Death, { Give street and number. } 142 N. Canal

Cause of Death, { First (Primary,) Meningitis (Tubercular)
Second (Immediate,)

Duration of Last Sickness, Three mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, August 13 1875

Undertaker, Henry Roach

Place of Business, 307 Central Ave

Abram B Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4779.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Eliza Kirk Boutelle

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, Years, 1 Months, 9 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 218 S. Fremont St.

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cr.

Date of Burial, Aug 12.

A. W. Bolton M. D.
Medical Attendant.

Undertaker, J. B. Barbisier

Place of Business, 506 Batt St. *Address* 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4780 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT AUG 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Just~~ Charles Julius Brady.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 16 *Years,* 2 *Months,* 16 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Cigar Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } 481 W Lombard St

Cause of Death, { First (Primary,) Typhoid Fever

Second (Immediate,) Perforation of Intestines

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 13th

{ *Undertaker,* Jno. H. Leonard

{ *Place of Business,* 782 W. Balto St

W G Register M. D.
Medical Attendant.

Address 845 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4781

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Aug 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thos. Frank Gill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Two (10) *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 10 Months.

Place of Death, {Give street and number.} Sommon at near Pulaski

Cause of Death, {First (Primary,) Teething

{Second (Immediate,) Convulsions

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 12 August 1875

{*Undertaker,* J. C. Eades

{*Place of Business,* 66 Fleet *Address*

G. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 4782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Gill

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Infant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Corner Pratt & Gilmor Sts

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Abt one week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 12th 1875

Undertaker, Wm Sand Gray

Place of Business, 65 Mulberry St *Address*

G. H. [illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 4783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 10th 1875 (Illegitimate)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jones. (Name of Mother)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, Black *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 131 Chesnut Stret

Cause of Death, {First (Primary,) Hemorrhage of Navel —
Second (Immediate,) from Loosening of Chord

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Augt 12th 1875

{*Undertaker,* Wm Donovan
Place of Business, 6 Bank St

James A Stuart M. D.
~~Medical Attendant~~

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Elizabeth Deal (Col'd) Midwife

Board of Health, City of Baltimore,

Permit No. 4784

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 11th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } John Burnett

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 32 *Years,* *Months,* *Days.*

Color, Colored. *Sex,* Male.

Married, Single, Widow or Widower { Cross out the words not required in this line. } Married

Occupation, Hod Carrier

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Somerset Co. Md.

Duration of Residence in the City of Baltimore, 5 year

Place of Death, { Give street and number. } Allens Aly,

Cause of Death, { First (Primary,) Consumption.
{ Second (Immediate,)

Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Geo. S. Kinnamon M. D.

Date of Burial, August. 12. 75 Medical Attendant.

Undertaker, J. W. Chase

Place of Business, 47 N. Howard st *Address* 736 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 4785 Duplicate

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Doyle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Marble Polisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 8 years

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 134 Harford ave —

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemet.

Date of Burial, Augt 13th 1875 — James A Stewart M. D.

~~Medical Examiner~~

Undertaker, H. W. Mears

Place of Business, N. Gay St *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by George Culleton. Commissioner

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 4786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar W. Derricks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ——— *Days.*

Color, Black *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 177 S. Sharp St

Cause of Death, {First (Primary,) Summer Complaint / Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Stewart M. D.

Date of Burial, Augt 13th 1875 ~~Medical Attendant~~

{*Undertaker,* John B. Williams *Address* Commiss of Health & Registrar

{*Place of Business,* 107 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John B. Williams Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ~~filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bertha Winkleman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, — — — — — *Years,* — 9 — *Months,* — 7 — *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, — — — 9 Months & 7 days — — —

Place of Death, {Give street and number.} No 421 Micanna St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, two Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Aug 12th 75

Thomas J. Evans M. D.
Medical Attendant.

Undertaker, Michael Trance

Place of Business, No 230 Canton Ave. *Address* No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 4788 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 12. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Samuel Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* Five *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 15 N. Fremont Street

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Chas. N. Jeff M. D.

Medical Attendant.

Date of Burial, 13 August 1875

Undertaker, J. B. Blackiston Address ~~306~~ N. Fayette Street

Place of Business, 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4789 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 12th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence, Davis, Greenfield.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 2 *Months,* 11 *Days.*

Color, White. *Sex,* Female.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick city, Md.

Duration of Residence in the City of Baltimore, Nine years.

Place of Death, {Give street and number.} 461 E. Lombard, st.

Cause of Death, First (Primary,) Typhus Fever.

Second (Immediate,) Coma.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem. G. Glanville, Rusk M. D.

Date of Burial, August 13. 1875 Medical Attendant.

Undertaker, M. A Darger

Place of Business, 74 S Broadway Address Balt. & Washington, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ignatius, Rispole

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 9. *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 102 Fort Ave.

Cause of Death, First (Primary,) Remittent Fever

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, August 13th

R. J. H. Tate M. D.
Medical Attendant.

Undertaker, Michael Hunt

Place of Business, No 35 Bond St. Address Cor Lee & Sharp ets.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurs, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Williams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, ed *Sex,* Female

~~Married,~~ ~~Single,~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Landress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Salisbury Maryland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} Low 21 36

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Dysentery

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 12th 1875

{*Undertaker,* Wm. A. Fenger

{*Place of Business,* 16 114 East St.

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Lucinda Small

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 21 Chesnut St

Cause of Death, First (Primary,) Heavy Cold

Second (Immediate,) Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Shorb St B.G

Date of Burial, Augt 13th 1875

Undertaker, Wm N. Dungee

Place of Business, E. Street

James H. Stewart M. D.
Medical Officer

Address Commiss of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Jane Small
Mother

[OVER.

Board of Health, City of Baltimore,

Permit No. 4799 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 75.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Wollman,

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, *Years,* 9 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 227 N Fayette St

Cause of Death, { First (Primary,) Cholera Infantum,

{ Second (Immediate,) 24 Hrs.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Augt 14th 1875

{ *Undertaker,* Jacob Gemmell

{ *Place of Business,* Gemmell

John. J. A. Stroz M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4794 — OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William L. Hissey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Coach maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 235 Mulberry Street

Cause of Death, {First (Primary,) Disease of Liver

{Second (Immediate,)

Duration of Last Sickness, one months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Augt 13th 1875

{*Undertaker,* L. B. Blackiston

{*Place of Business,* 606 W. Balto St

James A Stewart M. D.
Attending Attendant.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by L. B. Blackiston
Undertaker

Board of Health, City of Baltimore,

Permit No. 4795 . OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederik Vöckel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 8 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 6 China Alley

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and number. } "

Cause of Death, { First (Primary,) Summer Diarrhoea

Second (Immediate,) "

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Schwarzer Burial Ground

Date of Burial, Aug 13 th

{ *Undertaker,* H Brickle

{ *Place of Business,* Henriette St 81

G. Liebmann, M. D.
Medical Attendant.

Address 58 N. Fourth St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4796 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Boyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* × *Months,* ~ *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 8 Lambert St

Cause of Death, First (Primary,) Malignant Goitre (Encephaloid)

Second (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Thos H Concrete

Date of Burial, August 13th 1875

Undertaker, Wm Somers Gray

Place of Business, 65 Mulberry St

W. F. A. Kemp M. D.
Medical Attendant.

Address 55 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 4797

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday August 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzy Smith

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 39 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, Waiter at Sherwood House

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Wilmington Delaware

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and number. } No. 4 Courtland St.

Cause of Death, { First (Primary,) Acute Dysentery ("Bloody Flux") / Second (Immediate,) Asthenia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Aug 14th 1875

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St *Address* 65 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 4798 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Wiman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* One *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 45 Grundy St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Pennsylvania Hart's

Date of Burial, Augt 13th 1875

C. Edward Miller M. D.
Medical Attendant

{*Undertaker,* Wm Hackmann
{*Place of Business,* 26 Bank St *Address* 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 189

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1375 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 146 West St

Cause of Death, First (Primary,) Marasmus

Second (Immediate.) Eight Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery L. C. Bruch M. D.

Date of Burial, Aug 14th 1875 Medical Attendant.

Undertaker, Ernst & Lemp for Dr Tall

Place of Business, 263 Light St. *Address* 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4800 — OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Bedsichik

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 37 *Years,* 3 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Work man

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia, Austria; 2 years

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 15 Hobot St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Ulceration, Bowels

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem

Date of Burial, Augt 13th 1875

G. Liebmann M. D.
Medical Attendant.

Undertaker, Friends

Place of Business, ——— *Address* 58 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 14801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICA...

1875

BALTI...

CERTIFICATE OF DEATH.

Date of Death, Aug. 13th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna R. Wheeler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No. 336, S. Sharp St

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Aug 14th 1875

{ *Undertaker,* Armstrong & Dorsey

{ *Place of Business,* 265 Light St

W. B. Noble M. D.
Medical Attendant.

Address 17 Warren av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14812 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certifi[cate] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the dea[th] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 156 Baltm Street

Cause of Death, First (Primary,) Child Bed & Convulsions

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 15th 1875

Undertaker, Armstrong & Carey

Place of Business, No 266 Light St

A H Bivins M. D.
Medical Attendant.

Address 76 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4803,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death o or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICA

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Corrigan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Home servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland and 7 years in U. S.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} No 5 Camden Lane

Cause of Death, First (Primary,) Suicide ~~from~~ by jumping from a third

Second (Immediate,) story window. (Nervous Shock)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 12th 1875

Undertaker, Chas H. Herold

Place of Business, 161 Hanover st

Jno. W. D. Mann M. D.

Coroner

Medical Attendant.

Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 48024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Margaret Gillmer

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 81 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single~~, *Widow or* ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, many years

Place of Death, { Give street and number. } 40 271 Saratoga St

Cause of Death, { First (Primary,) old age
Second (Immediate,) Cerebral Trouble
Since March 1875

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet City Hon A Smith M. D.

Date of Burial, Aug 13th 1875 for Dr Rider. Medical Attendant.

{ *Undertaker,* Jos. Loane
Place of Business, 568 W Balto St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4805

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 121 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August — 12th — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie May Wilson,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 1 *Days.*

Color, White *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} # 32 Williamson St. Balt'r City Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 32 Williamson St

Cause of Death, First (Primary,) Marasmus,

Second (Immediate,) Since birth,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 14 1875

~~E. A. Bell,~~ M. D.
Medical Attendant.

{*Undertaker,* Charles F. Herold

{*Place of Business,* 161 Hanover St *Address* 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4806 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT AUG 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace L. Mumford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* Fourteen *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 23 Parish Street

Cause of Death, First (Primary,) Convulsions. This Case was

Second (Immediate,) not attended by me until after Death

Duration of Last Sickness, I have this certificate from representations

All the above information should be furnished by the Physician. I present

Place of Burial, Frederick city Md

Date of Burial, Aug 14th 1875

Undertaker, S. G. Cook

Place of Business, No. 707 W. Balt St

Chas. H. Neff M. D.

Medical Attendant.

Address 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 190

Board of Health, City of Baltimore,

Permit No. 4807 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12th,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Medora

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 15 Months, Days.

Colored Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 44 Stockton Sq

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) "Cholera" Infantum (scrofula)

Second (Immediate,) Spasm

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Aug 13th

Undertaker, H B Cook

Place of Business, No 707 W Balt st

Geo. H. Dare M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4808 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1375 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1873

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James McCoy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 43 *Years,* 0 *Months,* 12 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married has been

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Northumberland Co Va

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, { Give street and number. } No 135 S. Durham st

Cause of Death, First (Primary,) Phthisis

Second (Immediate.) Dropsy

Duration of Last Sickness, 3 mo

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, August 13th 1873

Undertaker, John H. Locke

Place of Business, 65 S. Wolfe st

John Hanner M. D.
Medical Attendant.

Address 286 E. Balt st N.W. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 4809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H DEPARTM
AUG 13
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Aug. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alberta V Crane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Five Months

Place of Death, {Give street and number.} 293 Barnes st

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Elm Ave

Date of Burial, Augt 13th 1875

Undertaker, Jos. Lowe

Place of Business, 568 W Balto St *Address* 234 Hillen St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Adam Fenstock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty Eight *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Saloon Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} No 19 Thames St

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Delirium Tremens

Duration of Last Sickness, one hour,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 14 August

Undertaker, John P. Gluck

Place of Business, 265 Aliceanna

Nicholas L Bathurst M. D.
Medical Attendant.

Address 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 4811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Page Moore

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, Thirteen *Years,* Six — *Months,* *Days.*

Color, Col — *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Dorchester Co. Md

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} Little Vine St 8.28

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 13th 1875

{*Undertaker,* William C. Lange / *Place of Business,* No 104. East St.} *Address* 618 W Balt St

W. M. Fitzgerald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4812

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelia Monk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days.*

Color, W *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 309 Orleans st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Bull's Cemetery

Date of Burial, aug 15

{*Undertaker,* Mr. Joy

{*Place of Business,* 54 & Broadway

J Ridgway Dudley M. D.
Medical Attendant.

Address 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE AUG 13 1875

CERTIFICATE OF DEATH.

Date of Death, August 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Vaughan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 54 *Years,* 4 *Months,* 29 *Days.*

Color, White *Sex,* female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, Whole life time

Place of Death, {Give street and number.} 168 E Monument St

Cause of Death, First (Primary,) Gradual Asthenia

Second (Immediate,)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. J. W. Cathell M. D.

Date of Burial, August 14th 1875. Medical Attendant.

Undertaker, Wm. Hickman,

Place of Business, 234 S. Gay St. *Address* 14 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 24814,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore August 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Turner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Seven Months, Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Infant

Occupation, Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, { Give street and number. } No. 149. York St

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) Tabes Mesenterica

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 13th 1875

Undertaker, John B Williams

Place of Business, 107 Lee St

F. E. Dyer M. D.

Medical Attendant.

Address No. 146. Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE.

Permit No. 4815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 13th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence May Webster,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt— City— Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 177 Hamburg St

Cause of Death, {First (Primary,) Inflammation & Congestion of Brain

Second (Immediate,) Meningitis.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 14th 1875

Undertaker, Charles F. Herold

Place of Business, 161 Lanvale St

L. A. Bell, M. D.
Medical Attendant.

Address 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4816

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. AUG 13 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 13th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McClennan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give street and number.} No. 259. Saratoga St.

Cause of Death, First (Primary,) Malignant Sarcoma Uteri

Second (Immediate,) Exhaustion

Duration of Last ~~Sickness~~ *Disease,* About (5) years. Five.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount W. J. Howard

Date of Burial, Aug 14th 1878 per Christ. Johnston M. D.

Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 5 mid Hill Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 11817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

Date of Death, August 13. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles H. O. Say

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 22 *Years,* 1 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower.~~ { Cross out the words not required in this line. }

Occupation, Clerk. B & O. R. R.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cumberland Md

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, { Give street and number. } N. Sharp St

Cause of Death, First (Primary,) Febris Remittens

Second (Immediate,) Congestion Fever.

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Cumberland Md

Date of Burial, Aug 14th 1875

A. Tinsley M. D.
Medical Attendant.

Undertaker, Jas Loane

Place of Business, 568 W Balto St *Address* 454 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 191

Board of Health, City of Baltimore,

Permit No. 4818 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse Vincent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 24 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Sterrett St. near St Peter

Cause of Death, First (Primary,) Acute Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug. 14th 1875

Undertaker, G. F. Maker

Place of Business, Camden St *Address* 558 W. Lyon St

John Neff *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 4819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George F. Mueller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 20 *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 152 Eastern Av.

Cause of Death, {First (Primary,) Diphtheria
Second (immediate,)

Duration of Last Sickness, Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Stage Connection

Date of Burial, July 14 10 O'Clock A. F. Erich *M. D.*
Medical Attendant.

Undertaker, Geo. G. Rodeman

Place of Business, 94 Broadway *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4821 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Falden George

~~Sex,~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, — *Years,* — 6 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 7 Harrington court

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) }

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Ralph Cem.

Date of Burial, Sept Aug 14th 1875

{ *Undertaker,* John Brauer / *Place of Business,* 772 W. Baltimore St.

Jo C Benzinger M. D.
Medical Attendant.

Address Cor Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4821,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1875 REGISTRAR'S DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irene Tennant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* ~~*Days.*~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Perkins Pl

Cause of Death, First (Primary,) Suppression of Urine

Second (Immediate,) Concussion of Brain - Fall

Duration of Last Sickness, 14 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, August 14th

Undertaker, J. B. Blackistone & Son

Place of Business, 606 W. Balt. St.

C. L. Schaeffer M. D.

Medical Attendant.

Address 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4822 — OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o , sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 12 d.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Yockel

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} "

~~*Occupation,*~~ "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} No 9 Clarke Pl.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsi

Date of Burial, August 15th 1875

Edward H. Ward M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 164 Druid Hill Avenue *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 4823,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Schaffer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 17 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 40 S. Gilmor St,

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 14th 1875

John Neff M. D.
Medical Attendant.

{ *Undertaker,* Jacob Weaver

{ *Place of Business,* Nos 496 Druid Hill Ave *Address* 507 Wilkens Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 14824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 4 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matilda FitzCorick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 2 0 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Three Weeks

Place of Death, { Give street and number. } Protestant Infant Asylum 163 W. Lombard

Cause of Death, { First (Primary,) Inanition

{ Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, August 14 1875

Undertaker, W. Donovan

Place of Business, 6 Bank St

D. S. Latimer M. D.
Medical Attendant.

Address 163 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14825

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14 August

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Wesley

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 10 Months, Days.

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 33 Jefferson

Cause of Death, { First (Primary,) ? Scarlatina
Second (Immediate,) ? }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wallis Cemetery

Date of Burial, Aug 15. 1875

Undertaker, Chas Herring

Place of Business, 136 E. Fayette *Address* 57 Aisquith

C Wolfsaer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Lucas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 343 Hoffman st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug. 15th

J. H. Lucas *M. D.*
Medical Attendant.

Undertaker, Jno. Schilling

Place of Business, 43 Penn Ave *Address* 43 Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 4827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Howard McCollister

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 24 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 103 Conway st

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Diarrhoea

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Co.

Date of Burial, Aug 14th 1875

{*Undertaker,* Jno. S. Mackie

{*Place of Business,* 150 Camden st,

A McCurley M. D.
Medical Attendant.

Address 76 Stark

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 193

Board of Health, City of Baltimore,

Permit No. 1828

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11 — 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Betty Herndon

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 year *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } North Carolina

Duration of Residence in the City of Baltimore, 10 months

Place of Death, { Give street and number. } Morris Alley — Number Unknown

Cause of Death, First (Primary,) Chronic Diarhoea

Second (Immediate,) Asthenia

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 13 / 75

Undertaker, J. W. Chase

Place of Business, 190 S. Howard St *Address* 209 N. Middle St

J. E. Atkinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4829

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Ballet

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7 Peach alley

Cause of Death, {First (Primary,) {Second (Immediate,) Consumption

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Stewart M. D.

Date of Burial, Augt 14th 1875

Undertaker, S. W Chase

Place of Business, S. Eutaw St *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by S. W. Chase Undertaker

[OVER.

Board of Health, City of Baltimore,

Permit No. 4830 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Aug 13 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Louisa Lewis

~~Sex, Male or~~ Female, { Cross out the word not required in this line. } Female

Age, ____ *Years,* 2 *Months,* 21 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 2 Month 21 days

Place of Death, { Give street and number. } 107 Christy Court

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) Emaciation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, August 16

Undertaker, Jas H Dan

Place of Business, No 12 Saratoga st

E Worden M. D.
Medical Attendant.

Address 51 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 4831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver J. H Reynolds

Sex, Male or Female {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N° 191 Riverside Ave

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Elk Ridge Church

Date of Burial, Aug 14/75

H. B. Noble M. D.
Medical Attendant.

Undertaker, Armstrong & Leary

Place of Business, N° 263 Light St *Address* 17 Harrison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Granit 1914

Board of Health, City of Baltimore,

Permit No. 4832 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Sittler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 156 Johnson st.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 15/75

J. R. Harrington M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, h^c 263 Light st *Address* 321 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14833

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S OFFICE AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Morrison

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 105 S. Broadway

Cause of Death, {First (Primary,) Cancer of the face
Second (Immediate,) old age

Duration of Last Sickness, of cancer 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Aug 16th 1875

R. H. Mansfield M. D.
Medical Attendant.

Undertaker, D. Hughes Jr. & Co.

Place of Business, 605 S. Broadway *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14324 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augst 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Jane Carter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} McDonough St near Madison St

Duration of Residence in the City of Baltimore, 2 Mos

Place of Death, {Give street and number.} Shuter St No 21

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetry

Date of Burial, Aug 15th 1875

Elyt Talls M. D.

Medical Attendant.

Undertaker, John M. Locke

Place of Business, 65 Wolfe St Address 181 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14835 — OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH
AUG 14 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Beck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 1/2 *Years,* *Months,* *Days.*

Color, *Sex.* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 72 Amity st

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} " " "

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Meningitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, August 14

Undertaker, J B Cook

Place of Business, 71 Fayette Baltimore

Geo H Dare M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4836 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 13th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Klein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 337 Eastern Av.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetary

Date of Burial, 15th Aug st

{*Undertaker,* Wm. Nicolaus

{*Place of Business,* 238 Aliceanna.

C. Edward Miller M. D.
Medical Attendant.

Address 1423 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 4837.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th August, 1875, at 7h 30m P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Theresa Mennier

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 11 *Years,* 4 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Unmarried

Occupation, School Girl

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 11 years 1 Month 12 days

Place of Death, { Give street and number. } 203 Park Avenue

Cause of Death, { First (Primary,) Congestion of the Lungs

Second (Immediate,)

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. Balt. Md.

Date of Burial, August 15th 1875

Wm. J. H. Smith M. D.
S. Front St

Medical Attendant.

{ *Undertaker,* Chas T. Scriven
{ *Place of Business,* 271 N. Eutaw st *Address* 83 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4838 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately* f... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 14. 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Fowler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* 3 *Months,* 16 *Days.*

Color, *Sex,* Male

~~Married~~, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, ~~Bricklayer~~ Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Harford County

Duration of Residence in the City of Baltimore, 78 Years

Place of Death, {Give street and number.} 350 N Gay st

Cause of Death; {First (Primary,) Gen'l Debility -
Second (Immediate,) Dysentery

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 16th/75

H. J. Reynolds M. D.
Medical Attendant.

{*Undertaker,* George Schilling
Place of Business, cor Aisquith & Monument st *Address* 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1839 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13 th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Socks

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* [redacted] *Days.* 28

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Street and number.} ~~No~~ Mc, Elderry

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) congestion of the ~~lungs~~ brain

Duration of Last Sickness, About six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 15th/75

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, cor Aisquith & Monument st Address 90 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And It be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4810. OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip Randolph Tilley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 68 Fort Ave.

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 16th 1875

J. E. Harrington M. D.
Medical Attendant.

Undertaker, Charles F. Hearle

Place of Business, 161 Hanover St. *Address* 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14841 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 13th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Mary Henrietta Sythanson

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, Years, Two Months, eight Days.

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No 230 Ann St

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery Thomas B. Evans, M. D.

Date of Burial, Aug 14th 1875 Medical Attendant.

Undertaker, E. Eckhard

Place of Business, 269 Canton Avenue Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 4842 OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Ward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} Lombard St. Infirmary

Cause of Death, First (Primary,) Cancer of Liver

Second (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Fuid

Date of Burial, Aug 12th

T. A Ashby M. D.
Medical Attendant.

{*Undertaker,* M. M. & Perry
{*Place of Business,* 1118 W Fayette *Address* Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 4813,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Francis O'Brien

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 97 Somerset St

Cause of Death, First (Primary,)

Second (Immediate,) General Dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 15 1875

Undertaker, James P Byrne

Place of Business, N° 634 Front St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14414 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H. Bayley,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 91 N. Broadway

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Hemiplegia.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Old Meth. Cem. G. Glanville Rus M. D.

Date of Burial, Aug. 15th Medical Attendant.

Undertaker, W. Francis

Place of Business, No 280 Fenton Ave *Address* Balt & Washington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 48445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 14. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susanna Simmons

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 88 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Nurse

Birthplace, { State or country (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number. } Aged Women's Home

Cause of Death, { First (Primary,) Old Age
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery J. M. Nelson M. D.

Date of Burial, 15 August 75 Medical Attendant.

Undertaker, W. Gilhaus & Son *Address* 251 Madison Ave

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 4846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 14. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant but named, give names of parents.} Louisa Hartlut

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montreal Canada

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} No 71 N. Eden ally Lt

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Invalid for 9 years, last sickness four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Calmel Cemetery Wm H Dissenson M. D.

Date of Burial, Aug 16th 75 Medical Attendant.

Undertaker, Cundy

Place of Business, 32 ½ Broadway *Address* High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

HEALTH 14 1875

Permit No. 14847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Van Daughter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 11 Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 107 S. Poppleton St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 15th 1875

Undertaker, John Mecher

Place of Business, No 150 Camden *Address*

H. L. Slicer M. D.
Medical Attendant.

399 N. Vincent St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 4848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 13-1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lydia Estelle Waskey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* 1 *Months,* 3 *Days.*

Color, White *Sex,* Female.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 470 E. Fayette St.

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, August 16. 1875

Undertaker, H. A. Dauger

Place of Business, 74 S. Broadway *Address*

Jno. T. Powell M. D.
Medical Attendant.

72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 4849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 13
1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Gibbons

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 22 *Years,* *Months,* *Days.*

Color, *Sex,* White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 County St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 13 1875

Undertaker, Ed F. Kennedy

Place of Business, 541 W Saratoga Address 524 E. Lexington

A A Sachs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11850 OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna M. Markert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Forty *Years,* Four *Months,* Fifteen *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, {Give street and number.} 65 South Schroder Stut

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 16

Undertaker,

Place of Business,

L. C. Horn M. D.

Medical Attendant.

Address 1226 Mulberry Stut

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11851 — OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Estelle Ridgway

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 16 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,* Single, *Widow or Widower?*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 16 months

Place of Death, {Give street and number.} 352 McHenry St.

Cause of Death, First (Primary,) Intestinal Inflammation

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Aug 16

Undertaker, J B Crook

Place of Business, 707 Pratt Baltimore

Jno. G. Holliday M. D.
Medical Attendant.

Address 38 Frederick Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11852

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 14, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marion V. Stewart

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} ...

Age, 1 *Years,* 1 *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 352 Light, St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 16th 1875

Undertaker, Armstrong Henry

Place of Business, 263 Light St *Address* 17 Warren av

W. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPT. AUG 1874 BALTIMORE

Permit No. 4853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelius Donahue

~~Sex~~, Male or Female, {Cross out the word not required in this line.}

Age, 3 months *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 60 Byrn st

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 15 1874

Chas A Donovan *M. D.*
Medical Attendant.

{*Undertaker,* James P Byrne
{*Place of Business,* No 63 W Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT AUG 15 1 BALTIMORE

Permit No. 48544

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Abbeit

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Columbia Av. 206

Cause of Death, First (Primary,) Cholra Infantum

Second (Immediate.) Convulsion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cimetary

Date of Burial, August 15

Undertaker, Reuben Krull

Place of Business, 206 Columbia Av

C. L. Budelocke M. D.

Medical Attendant.

Address No 106 Columbia Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4855 — OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edgar Sanders

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 63 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 22 Fort Ave

Cause of Death, { First (Primary,) Paralysis

Second (Immediate.) Uremia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 16th/75

O Schilling M. D.

Medical Attendant.

{ *Undertaker,* Geo Schilling

{ *Place of Business,* cor Aisquith & Monument st *Address* 101 & 103 Exchange pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4856 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Wollie Wiedle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, For forty

Place of Death, {Give street and number.} 898 W. Pratt St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Hemorrhage of Bowels

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug. 16 1875

J. Shelton Hill M. D.
Medical Attendant.

Undertaker, John P. Paules

Place of Business, No 6 Frederick Ave Address 432 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 4857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William John Sweeney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, — about life

Place of Death, {Give street and number.} 20 Cornet Alley

Cause of Death, First (Primary,) Dentitions

Second (Immediate,) do —

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, August 16" 1875 — W. Hickmann — *M. D.*

Date of Burial, St Vincents Ce — Medical Attendant.

Undertaker, W. Hickmann

Place of Business, N. Gay St *Address* Near Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 4858.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Finney

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, — *Years,* 7 *Months,* — *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt° City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 183 West Lent.

Cause of Death, First (Primary,) Dentition?

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount St Rest James A Steuart M. D.

Date of Burial, Aug. 17. 1875 Medical Attendant.

Undertaker, S W Chase

Place of Business, for Hill & Howard *Address* Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 4859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth M. McClean

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Twenty Nine *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No. 217 E. Pratt St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug 17th 10 A.M.

Nicholas L. Cronise M. D.
Medical Attendant.

{ *Undertaker,* Reid Hall
{ *Place of Business,* 223 E. Lombard *Address* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4860 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kuder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Ten Months, 24 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 46 S Ann St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus ct

Date of Burial, August 16, 1875

Undertaker, Henry Hook

Place of Business, 309 Central Av

Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4861 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 15 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, ~~Months~~ 3 weeks ~~Days~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prata St. B. city

Duration of Residence in the ~~City of Baltimore~~ Institution 5 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) atrophy

Second (Immediate,) convulsions.

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug 16. 1875.

Undertaker, Sisters

Place of Business, Institution

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 4862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lion Buchwach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, four Months, 11 Days.

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 4 months 11 days

Place of Death, {Give street and number.} 162 Little Green Street

Cause of Death, First (Primary,) Scaled infantum

Second (Immediate.) Anaemia cerebri

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, Aug. 16th 1875

Undertaker, Simpson Hart

Place of Business, 757 N. Balto St *Address* 165 W Lombard St

Attending Phys. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 14863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL STATISTICS
AUG
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael L. ~~Hindermark~~ Hindermark

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Y

Age, 11. *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, From all, on a visit

Place of Death, {Give street and number.} 352 Sharp St

Cause of Death, {First (Primary,) Killed by being run over by Locomotive
Second (Immediate,)

Duration of Last Sickness, 3 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, Aug 16th

Undertaker, Wm. J. Treiber

Place of Business, 65. S. Eutaw st *Address* 146 Hanover st

Geo Lee & Brother Phys & Sur M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 196

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 1861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Eich Koch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 413 Eastern Avenue

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, August 16. 1875

Annie E. Emmert M. D.

Medical Attendant.

{*Undertaker,* H. A Daiger

{*Place of Business,* 701 S. Broadway *Address* 299 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14865 — OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Diggs

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City but raised in County

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 7 Bell Alley

Cause of Death, First (Primary,) Pneumonia or Chlorosis

Second (Immediate.) Consumption one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Riesterstown Balti- Md county

Date of Burial, Aug- 16th — 1875

Elias G. Price M. D.
Medical Attendant.

Undertaker, Wm. P. Burgee

Place of Business, No 104 East St *Address* 262 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 196

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 4866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Elizabeth Emmel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 82 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frankfort Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} No 115 Pratt st

Cause of Death, {First (Primary,) Paralysis of the Heart

Second (Immediate,)

Duration of Last Sickness, Five Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 16th 1875

Undertaker, M. C. Eckhart

Place of Business, No. 269 Canton ave

Thomas J. Evans, M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 4867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 14. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Kate Newcomb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~11~~ *Years,* 11 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, all it life

Place of Death, {Give street and number.} 127 N. Republican

Cause of Death, First (Primary,) Chronic Bowel disease

Second (Immediate,) Exhaustion

Duration of Last Sickness, Nearly all its life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 16th 1875

S. M. Kemp M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, Fayette & Republican *Address* 55 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 1868,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH
15
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Caroline Bordley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 53 Clinton Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James St Stewart M. D.

Date of Burial, Augt 16 1875

Undertaker, John B. Williams

Place of Business, 107 Lee St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John B. Williams
Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 4869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph OBrien

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ Three *Months,* ~~Days.~~

Color, White . *Sex,* male

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} 308 East Chase street

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, August 16th 1875

{*Undertaker,* Joseph F Byrne / *Place of Business,* W Liberty st *Address*

D S Mahon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th day of August

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Kenny

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } County Galway Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and number. } Hanover between Pratt & Lee

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate.)

Duration of Last Sickness, Three or four years as near as I can [redacted]

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug 17th 1875

D. P. Hoffman *M. D.*
Medical Attendant.

{ *Undertaker,* Joseph F Byrne
{ *Place of Business,* 59 n Liberty *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4871,

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augst 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Gosman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* One & a half *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cathedral St Extended

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cathedral St

Cause of Death, First (Primary,) Inanition

Second (Immediate.)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Hoandon ville

Date of Burial, August 17th 1875

Thos. S. Latimer M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw st *Address* 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4872 — OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carria Reddic

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} ~~Female~~

Age, 24 *Years,* 2 *Months,* — *Days.*

Color, Black *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Wash woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West River M. d"

Duration of Residence in the City of Baltimore, Five yr

Place of Death, {Give street and number.} Mason alley No 3

Cause of Death, {First (Primary,) Typhoid-Pneumonia

{Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery *William Lee,* M. D.

Date of Burial, August 16 1875 Medical Attendant.

Undertaker, John C Gordon *Address* Eutaw St Cor Hoffman

Place of Business, 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 4873,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bridget Carigan

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } County Galway Ireland

Duration of Residence in the City of Baltimore, four years

Place of Death, { Give street and number. } 42 Frederick St. Balt. Co

Cause of Death, { First (Primary,) Eighth-Fifth

Second (Immediate,) Puerperal Poisoning

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 16 4 p.m. Allen & Son

M. D.
Medical Attendant.

{ *Undertaker,* Geo. B. Rodeman *Address*
{ *Place of Business,* 138 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4874. OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 16 1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett Crogan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 174 Johnson St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 17/75

J. E. Harrington M. D.
Medical Attendant.

Undertaker, Armstrong & Deems

Place of Business, No 263 Light St *Address* 821 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 4875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16 — 2 30 P. M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Zalinda Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Russia - Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 133 S. High St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
{Second (Immediate,) Valvular Heart disease

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County — James E. Donnelly *M. D.*

Date of Burial, Aug 17 1875 — Medical Attendant.

{*Undertaker,* Peter Frey
{*Place of Business,* 91 Exeter — *Address* 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 4876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 18 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ernst Winter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seaman S. S. Leipzig

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany S. S. Leipzig

Duration of Residence in the City of Baltimore, a few days

Place of Death, {Give street and number.} Patapsco River at Locust Pt. Bal. Harbor

Cause of Death, First (Primary,)

Second (Immediate,) Accidental drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary

Date of Burial, 16th August 1875

Thos. Kelly *M. D.*
Medical Attendant.

Undertaker, Geo Frechlich

Place of Business, 339 Canton Av *Address* 76 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 4877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E Taylor

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 236 William st

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) one year

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 17th 1875

Undertaker, Charles F. Herold *Address* 57 Barre

Place of Business, 161 Hanover St.

J. W. Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4878 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lavinia Ballard

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester Co

Duration of Residence in the City of Baltimore, 21 years

Place of Death, { Give street and number. } 118 N. Gay St

Cause of Death, { First (Primary,) / Second (Immediate,) } Gastritis

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, August 17th 1875.

E. G. Baldwin M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St. *Address* 124 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 4879

The Physician who attended any person in a last illness is responsible for the presentation of this Certi[illegible] *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the de[illegible] of said dece[illegible] or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Becker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 20 *Years,* *Months,* 14 *Days.*

Color, Negro *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Express driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 144 York Street

Cause of Death, { First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 15 75

{ *Undertaker,* S W Chase
{ *Place of Business,* 192 S Howard st *Address* 321 Light St

J. E. Hollingsworth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14880 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Tolson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 34 *Years,* " *Months,* " *Days.*

Color, Dark chestnut *Sex,* Male

Married, Single, Widow or Widower { Cross out the words not required in this line. } Married

Occupation, Grain Measure

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Kent Ireland Queen Anns Co Md.

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, { Give street and number. } 173 West Street

Cause of Death, { First (Primary,) } { Second (Immediate,) } Chronic Inflamation of the Peritoneum

Duration of Last Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 17th "

Undertaker, S. N. Chase

Place of Business, No 178 S. Howard St, "

J. F. Brun M. D.
Medical Attendant.

Address No 176 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 4881.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICAT

HEALTH DEPARTMENT AUG 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 15 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella H Bullock

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 48 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} Church Home

Cause of Death, First (Primary,) Phthisis Pulmonales

Second (Immediate,)

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, Aug 17th 1875

Richard McSherry M. D.
Medical Attendant.

Undertaker, Thos. A. Hughes

Place of Business, 40 E Bals *Address* 189 W Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 14882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May E. Parsons

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 10 *Days.*

Color, White *Sex,* ~~Male~~ Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 421 Cross St

Cause of Death, {First (Primary,) Scarlett Fever
Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 36. hours

All the above information should be furnished by the Physician.

Place of Burial, Westen Cem Harford Co Md

Date of Burial, Aug 17th 1875

M. D.
Medical Attendant.

Undertaker, Julius Koch Address 146 Hanover St

Place of Business, Cor Sharp & Cross sts,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4883 OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *duly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
AUG 17 1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16 August 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lohl C. Schilling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 Somerset,

Cause of Death, { First (Primary,) / Second (Immediate,) } Scarlatina

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 17 Aug 1875

O'Mahoney M. D.
Medical Attendant.

{ *Undertaker,* Geo Schilling
{ *Place of Business,* corner Fayette & Monument st *Address* 5 Fulton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 48814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 17, 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johanne Bunzli

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Switzerland 5 Years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 16 Stockholm St.

Cause of Death, { First (Primary,) Pulmonary Consumption / Second (Immediate,) Clonic Spasms

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 18th Aug. 1875.

{ *Undertaker,* Henry Bride / *Place of Business,* 87. Hamilton St.

A. M. Dodge M. D.
Medical Attendant.

Address 237 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4885 — OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTR. DEPARTMENT AUG 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Bailey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sailor on Schooner L. J. Duncan

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Foot of Commerce St Basin

Cause of Death, {First (Primary,) / Second (Immediate,)} accidental Drowning

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Aug 17th 1875

{*Undertaker,* W. Donovan / *Place of Business,* 5 Banks St *Address* 186 Linden Ave}

Edmund R. Walker M. D.
~~Medical Attendant.~~
Coroner N. P. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below. and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 4886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Emaline Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 35 to 40 years

Place of Death, {Give street and number.} 65 N. Exeter St.

Cause of Death, { First (Primary,) Cancer of Stomach
Second (Immediate,) about 10 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 18th 1875

Jno. M. Galt M. D.
Medical Attendant.

{ *Undertaker,* Thos L Hughs
{ *Place of Business,* 10 E Balto Address 146 E. Platt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4887 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Cram

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 43 Eager Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Lobo-Pneumonia

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, August 18th

G. W. Simpson *M. D.*
Medical Attendant.

Undertaker, W. H. Fry

Place of Business, 33 N. Broadway *Address* 177 E. Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4888 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 15th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Crawford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~ {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 37 S Calhoun

Cause of Death, {First (Primary,) Cancer Uteri & Rectum; Second (Immediate,) Pain}

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 18

Undertaker, J B Cook

Place of Business, 707 W Lg Baltimore *Address*

D. R. Uhler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4889 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martha Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 32. *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 70 Church alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Intussusception of the bowels

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, August 17th

Thornton Cotton M. D.
Medical Attendant.

{*Undertaker,* James H Davis
Place of Business, No 12 Saratoga St *Address* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 4890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabetta Schoeffleur

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 380 Alice Ann Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem Harmonstown Md. D.

Date of Burial, Augt 17 1875

Undertaker, John Braun

Place of Business, 77 S. Wolf St *Address* Commrs of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Braun

Undertaker

Board of Health, City of Baltimore,

Permit No. 4891 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick H. Duggan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* 9 ——— *Days.*

Color, White *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 79 N High st

Cause of Death, First (Primary,) Acute Hydrocephalus

Second (Immediate,) Convulsions

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem D. F. Coyner M. D.

Date of Burial, Aug 17 1875 Medical Attendant.

{*Undertaker,* Jas P. Byrne *Address* 134 N High st

{*Place of Business,* Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4892 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Collins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co. Virginia

Duration of Residence in the City of Baltimore, about 11 years

Place of Death, {Give street and number.} N.E. Cor. Eager & Exeter

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 17th 1875

Undertaker, Wm. A. Dungle

Place of Business, No. 104 East St.

Geo. A. Hartman M. D.
Medical Attendant.

Address 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 4893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Nellie A. Lecompt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 17 Williamson Street

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 17 75

Undertaker, Thos Hitchcock

Place of Business, No 263 Light St

J A Cooke M. D.

Medical Attendant.

Address Cor Lee & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 14894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willis A. Dozier

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 Butlers alley

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) " "

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, Augt 17th 1875 ~~Undertaker or Attendant~~

Undertaker, Jas H. Davis

Place of Business, Saratoga St *Address* Commissioners Health + Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by. Mary Dozier Mother

Board of Health, City of Baltimore,

Permit No. 4895 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Howard Tibbals

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 10 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 204 E Pratt st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, August 18th 1875

Undertaker, C H Blizard

Place of Business, 66 Eutaw St

A H Mumm M. D.
Medical Attendant.

Address 76 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4896

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Adams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Oyster Packer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 63 East Lombard Street

Cause of Death, First (Primary,) Cramps } Atrophy
Second (Immediate,) Adynamia }

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y

Date of Burial, Aug 13th

A Gregsheyer M. D.
Medical Attendant.

Undertaker, H. Diffel

Place of Business, South Bond st 151 *Address* 117 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 4897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th, 1875. 9 o'clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnnie H. Hahn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 197 South Regester St.

Cause of Death, First (Primary,) Perilonitis

Second (Immediate,) Prostration

Duration of Last Sickness, About 5 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Aug.

John H. Rehberger, M. D.
Medical Attendant.

Undertaker, W. Diffel

Place of Business, South Bond st. Address 243 Slice Anna St. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 4898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 17 1875 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna A Gatch.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 yrs ~~Years,~~ 11 *Months,* — *Days.*

Color, White *Sex,* — Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, — widow

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: City —

Duration of Residence in the City of Baltimore, all my life —

Place of Death, {Give street and number.} 26. New Church Ext

Cause of Death, First (Primary,) — Phthisis Pulmonalis

Second (Immediate,) — do —

Duration of Last Sickness, about 3 mos —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Aug 18th 1875

Undertaker, Peter Hammett

Place of Business, No 317 Madison St Address

H. D. Fayette M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 4899.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Teresa Eliz. Halbig

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 29 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and number.} 432 W. Lexington

Cause of Death, First (Primary,) Chronic Mucous Enteritis

Second (Immediate,) Inanition

Duration of Last Sickness, a good while

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Aug. 18 " 1875

W. H. Kemp M. D.
Medical Attendant.

Undertaker, Charles A. Ponder

Place of Business, No 520 W. Baltimore *Address* 53 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4900,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR
AUG 1
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17" 1875-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } not named Winters

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } Male

Age, _____ *Years,* _____ *Months,* one *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 116 Central Ave. Balt.

Cause of Death, { First (Primary,) Probably Hemorrhage from Second (Immediate,) funis! attended by midwife

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Grave Yard. E. Leroy Jones M. D.

Date of Burial, August 17. Medical Attendant.

Undertaker, H. Hofmann. *Address* 67. E. Balt. St.

Place of Business, 63 N Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 14911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Freddy Hess

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 14 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 201 Preston St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 201 Preston St

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 18 - 1875

C Muslard M. D.

Medical Attendant.

Undertaker, Andrew Seitz

Place of Business, 119 Druid Hill Ave *Address* 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 4902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 17 1875 BOARD OF HEALTH BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Burke

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* —— *Months,* —— *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohimia austria

Duration of Residence in the City of Baltimore, 2 yrs 8 mos

Place of Death, {Give street and number.} 29 Barnes St

Cause of Death, First (Primary,) Ulcers

Second (Immediate,) Sphacelus of leg

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Augt 18th 1875

James A Cleary M. D.
~~Medical Attendant.~~

{*Undertaker,* Henry Hoerdt
Place of Business, 309 Central Av

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Burke Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Taylor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} Aged Women's Home

Cause of Death, {First (Primary,) Softening of Brain / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C. H. Hamilton

Date of Burial, 18th August 1875 M. D.

Medical Attendant.

{*Undertaker,* Thos. W. Dentons Son / *Place of Business,* 16 Light St} *Address* 257 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant son of Joseph & Mary Burns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ___ *Years,* ___ *Months,* ½ hour ~~*Days.*~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Mercer Street

Cause of Death, First (Primary,) Debility

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery J. H. Butler M. D.

Date of Burial, August 18, 1875 Medical Attendant.

{*Undertaker,* Jas P Byrne *Address* 144 Mulberry St

{*Place of Business,* 63 N Frnnst St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14903 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Sigmund

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 274 S. Penn St. (Fell off wharf foot of Thames St. into River)

Cause of Death, First (Primary,)

Second (Immediate,) Accidentally drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, 19 August 1875

Thos. Kelly M. D.
Medical Attendant.
Coroner

Undertaker, H Sander.

Place of Business, 270 Canton Ave *Address* 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4906,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dodds Wheeler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation, Son of Robt Dodds Wheeler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nursing life

Place of Death, {Give street and number.} 307 N. Paca St

Cause of Death, First (Primary,) Debility

Second (Immediate,) Old Age

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, August 19th 1875

Undertaker, John Wachter

Place of Business, No 150 Conant *Address* 166 N. Paca St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Katherine Conway

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 8 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Maryland

Duration of Residence in the City of Baltimore, About 40 Years

Place of Death, {Give street and number.} 37 S. Eutaw St

Cause of Death, First (Primary,) Ovarian Tumor

Second (Immediate,)

Duration of Last Sickness, About Ten Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Aug 18th 1875

Undertaker, J. L. Cook

Place of Business, 1207 E. Baltimore St

W. R. McKeown M. D.

Medical Attendant.

Address 502 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Greff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty — *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty six years

Place of Death, {Give street and number.} No. 152 Raborg Street

Cause of Death, First (Primary,) Typoid Fever

Second (Immediate.)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Aug 18th 1875

Undertaker, J. B. Cook

Place of Business, 707 W. Balt St

Chas. H. Neff M. D.
Medical Attendant.

Address 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17 "

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stephnie Dittrich

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 18 *Years,* — *Months,* 17 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 578 Light St

Cause of Death, { First (Primary,) / Second (Immediate,) } by Typhoid Fever

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 19 1875

Medical Attendant M. D.

Undertaker, C & H Krause

Place of Business, 209 Hanover St *Address* 148 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellsworth Leroy Mortake

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 336 S Charles

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholerhea Infantum

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 19th 1875

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St.

Richard Gotts M. D.
Medical Attendant.

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4911e

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17 — 1875 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret High

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty *Years,* Six *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. Twenty-one years

Place of Death, {Give street and number.} No 211 Preston St -

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) about 2nd years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauden park Cemetery

Date of Burial, 19th Aug 1875

D. L. Rhan M. D.
Medical Attendant.

Undertaker, Jas H Loane

Place of Business, No 208 W. Balto St *Address* 89 Richmond St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Zimmermann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Box Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Causes unknown to jury

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Meyer Burying ground

Date of Burial, August 18 1875

Thos. Kelly M. D.
~~Medical Attendant.~~
Coroner

Undertaker, M. A. Daiger

Place of Business, 704 S Broadway *Address* 76 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella May Grubb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* Six *Months,* Twelve *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 82 N. Caroline St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.) Marasmus

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Fremont Cem. Wm H. Claudius *M. D.*

Date of Burial, Aug 18 Medical Attendant.

Undertaker, Wm Fry

Place of Business, 52 & 54 Wilkins *Address* No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Elizabeth Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Five *Months,* Seven *Days.*

Color, Black *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 59 S Bethel Balto Md

Duration of Residence in the City of Baltimore, one year five month, 7 days

Place of Death, {Give street and number.} 68 N Dallas St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Convulsions

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 15th 1875

W. K. Wood *M. D.*

Medical Attendant.

Undertaker, William A. Dunpe

Place of Business, No 104 East St. *Address* 19 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 10 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Hunrod

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 10 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} 14 Wagon alley

Cause of Death, { First (Primary,) Catarrh
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, Augt 17

Undertaker, M. M. Coffey

Place of Business, 114 S. W. Pratt st

L. Shelton Hill M. D.
Medical Attendant.

Address 432 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Kroener

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - 33 yrs in America

Duration of Residence in the City of Baltimore. 4 yrs -

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First (Primary,) Cancer of Stomach (Encephaloid -

Second (Immediate,) Exhaustion from Hemorrhage

Duration of Last Sickness, About one Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, August 18, 1875

Oscar J. Cooley *M. D.*
Medical Attendant.

Undertaker, Henry Koch

Place of Business, 20 Eutaw Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Hollingsworth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, 1 Days. 17

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 39 Alice Anna St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, Short time – Have been in attendance for the last two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co't James F. McShane M. D.

Date of Burial, August 19. A.D. 1875 Medical Attendant.

Undertaker, George Frechtlich

Place of Business, Canton Ave 39 Address 257 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th. August 1875. Morlock bef. midnight.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josepha Wenzel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life since

Place of Death, {Give street and number.} Lancaster Street. 89

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera infantum / 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemetary

Date of Burial, August 18th 1875

William Henkel M. D.
Medical Attendant.

Undertaker, Geo Frecklich

Place of Business, 339 Canton Av *Address* S Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta E. Dawers,

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} —

Age, 1 *Years,* *Months,* 8 *Days.*

Color, White, *Sex,* Female —

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During life —

Place of Death, {Give street and number.} 73 Lemmon Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Dentition,

Duration of Last Sickness, Eight weeks —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Aug 18th 1875

Undertaker, Hughes & Co

Place of Business, Fayette & Republican Sts

J. S. Engle M. D.
Medical Attendant.

Address 244 Lawrence St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Ann Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seventy Five *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chester Co. Penn.

Duration of Residence in the City of Baltimore, Since Oct. 1874

Place of Death, {Give street and number.} Cor. Biddle & Eden Sts. City

Cause of Death, First (Primary,) Old age & debility

Second (Immediate,) Paralysis

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 18th 1875

Undertaker, John L. Weaver

Place of Business, #222 W. Fayette St

Wm. Buchanan M. D.
Medical Attendant.

Address 137 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 18 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Edward Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Seven *Months,* *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Chesnut 144

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary & Ba Baltimore

Date of Burial, August 18th 1875

M. D.
Medical Attendant.

Undertaker, Jas H Davis

Place of. Business, No 12 Saratoga st *Address* 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 4922

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 17 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie J. Crabb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 107 Elliott St Baltimore Md

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 19th 1875

Undertaker, Wm. H. Eichman

Place of Business, 234 W. Gay St.

E. L. Williams *M. D.*

Medical Attendant.

Address No 33 Elliott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4923

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Theresia Thiedel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 221 E. Lombard St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johnsons Cemetry

Date of Burial, 19th August

Daniel E. Donelly *M. D.*
Medical Attendant.

Undertaker, F. Keller

Place of Business, 244 E. Lombard Address 396 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Brandt Hoffman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 18 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 405 McHenry St

Cause of Death, First (Primary,) (Meningitis

Second (Immediate,)

Duration of Last Sickness, about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery W. R. McCann *M. D.*

Date of Burial, Aug 19 1875 Medical Attendant.

Undertaker, J. B. Coopt

Place of Business, 707 W. Balto *Address* 382 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Grace Ann See

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} #9 Jefferson St

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, 6 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 18th 1875

Geo. L Kenemon M. D.
Medical Attendant.

Undertaker, William T. Dunger

Place of Business, No 104 East St. *Address* 736 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 19
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. Reaton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 6 *Months,* 27 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ Single {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 287 Hanover St

Cause of Death, {First (Primary,) Softening of the Brain
Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet *Medical Attendant* Wm Radke M. D.

Date of Burial, Sept 19/75

Undertaker, Wm Henry Lodenz *Address* 146 Hanover St

Place of Business, 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4927

BALTIMORE DEPARTMENT AUG 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 18th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie E. Slaughter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* ——— *Months,* ——— *Days.*

Color, White ~~Sex,~~ ———

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } 30 Sterrett St.

Cause of Death, { First (Primary,) Summer Complaint. Second (Immediate,) Spasms

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 19th 1875

R. B. Lee M. D.
Medical Attendant.

{ *Undertaker,* Charles F. Herold *Address* Hanover & Barre Sts
{ *Place of Business,* 161 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 17 5 p m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosalie Grauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Maried

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} Exeter Str 178.

Cause of Death, First (Primary,)

Second (Immediate.) Apoplexia

Duration of Last Sickness, two Months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetry

Date of Burial, August 20 1875

John S. Fiser M. D.
Medical Attendant.

Undertaker, Wm Elam

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Smith

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, White 1 *Years,* 6 *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} W Lexington Sn

Cause of Death, First (Primary,) ———

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem Charles O'Donovan *M. D.*

Medical Attendant.

Date of Burial, Aug 19 1875

Undertaker, L. B. Cook — *Address*

Place of Business, 707 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4930

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 18th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } William Hopkins

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Bricklayer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } No 49 Burk st. Canton

Cause of Death, { First (Primary,) } (Abscess) in Cranial Cavity

{ Second (Immediate.) } Pressure upon brain structure

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Thos J Hughes~~ Balto County

Date of Burial, Aug 20th 1875

Undertaker, Thos J Hughes

Place of Business, 60 E Balto

Thomas D. Evans M. D.
Medical Attendant.

Address 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4931.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 16th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Anne Maud M'Farland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Conway St. 214

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, August 19th 1875

H. Myers M. D.
Medical Attendant.

{*Undertaker,* John S Mackey
Place of Business, No 150 Camden St Address 95 S Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
AUG 19 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Lindenstruth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* 11 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty two years

Place of Death, {Give street and number.} 70 Grundy St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Asthenia

Duration of Last Sickness, four years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemtr. D. Webster Buthell M. D.

Date of Burial, 20 August 1875. Medical Attendant.

Undertaker, H. Hofmann.

Place of Business, 63 & 65 Eden St. *Address* 112 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Catherine Hall.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} No 216 N. Eutaw St

Cause of Death, First (Primary,) Typoid Congestion

Second (Immediate,) Intemperate

Duration of Last Sickness, 21 Weeks

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemty

Date of Burial, August 20th 1875

M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11934.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th August 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelm Heinrich Schminke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8. *Years,* 3. *Months,* 13. *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 312. Aliceanna St. Baltimore

Duration of Residence in the City of Baltimore, since he is born.

Place of Death, {Give street and number.} 312 Aliceanna St.

Cause of Death, First (Primary,) Gastrick fever & typhoid fever

Second (Immediate,)

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Aug 21. 1875

Undertaker, N Sandy

Place of Business, Canton Avenue Address 621 Broadway & Register St

Ernst Wamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG
19
1915
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1915

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edie Beck

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 16 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mc Mechen St near Denison

Cause of Death, First (Primary,) Debilitis

Second (Immediate.) Exhaustion

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount,

Date of Burial, 5½ O'Clock P.M. Aug 19th

O. E. Chatard Jr M. D.
Medical Attendant.

Undertaker, C H Bizzard

Place of Business, 1166 Ettings St, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th & 1875-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Sutton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65- *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number.} 102 Henrietta St.

Cause of Death, {First (Primary,) Peritonitis / Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Geo. T. D. Reynolds M. D.

Date of Burial, August 19. 75 Medical Attendant.

Undertaker, S. M. Chase *Address* 34 North Calvert

Place of Business, 190 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 18th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth W. Wallis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, *Sex,* Female

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, {Give street and number.} 76 E. Fayette

Cause of Death, {First (Primary,) Valvular Dis. of Heart.
Second (Immediate.) Dropsy

Duration of Last Sickness, About 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount H. T. Reynolds M. D.

Date of Burial, Aug 21st 1875 Medical Attendant.

Undertaker, W. H. Hickman *Address* 186 Augusta

Place of Business, N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4938, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 19th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ferdinand Becker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, forty nine *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty six years.

Place of Death, { Give street and number. } No 191 N. Caroline

Cause of Death, { First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 20 August

M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 161 N. Gayst Address 27 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Phy-sician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
OCT
1875
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Alfred Edward Gaugh

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female ~~Male~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, — — — — — — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} 42 Essex st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, two hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery E. C. Jordan *M. D.*

Date of Burial, August 20th 1875 Medical Attendant.

Undertaker, H. H. Gilmore *Address*

Place of Business, 341 Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredricka Kohrs.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, *Sex,* Female

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover.

Duration of Residence in the City of Baltimore, 22 yr.

Place of Death, {Give street and number.} 238 S. Bond St.

Cause of Death, First (Primary,)

Second (Immediate,) Anasarca

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Burig ground H. F. Reynolds M. D.

Date of Burial, Aug 19 Medical Attendant.

Undertaker, George Schultheis Address Eastern Dispensary.

Place of Business, 186. East Lond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 18th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Kennedy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 43 Hillman St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemt Jno. Brooke Byrle M. D.

Date of Burial, Aug 18 - 1875 Medical Attendant.

Undertaker, John L. Todd Jr. *Address* 174 E Eager St.

Place of Business, 102 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Edwin Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 9 Days.

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 10 Months 9 days

Place of Death, {Give street and number.} 90 Henrietta St

Cause of Death, First (Primary,)

Second (Immediate,) Whooping Cough

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 19th 1875

Undertaker, Mr. Beale

Place of Business, 81 Henrietta St

Silas W. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 49473

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT AUG 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Gaulick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Widow

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 128 Pearl St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery Harford Road

Date of Burial, Aug 19th 75

J. T. Knight M. D.
Medical Attendant.

Undertaker, Jos. Schilling

Place of Business, Address Wiegand's Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Feller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 411 Bond Street

Cause of Death, {First (Primary,) Artificial nursing

{Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Augt 20th 1875 — James A Steuart M. D.

{*Undertaker,* H. H. Hickman

{*Place of Business,* Eutaw St *Address* Commiss of Health

& Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by M. Feller Father

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 19 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Aloysius

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } Male

Age, ~~Years,~~ 1 *Months,* ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pratt St. Balt. City

Duration of Residence in the ~~City of Baltimore,~~ Institution 9 days

Place of Death, { Give street and number. } St. Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 20 Aug. 1875.

Undertaker, Sisters

Place of Business,

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below.

Board of Health, City of Baltimore,

Permit No. 14946

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 19 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Augth 18th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine McMahon

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days.*

Color, white; *Sex,*

~~Married~~, *Single,* ~~Widow~~ *or Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Chesnut St. 174 (Chesnut St)

Cause of Death, { First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 20th/75

O'S Mahon M. D.
Medical Attendant.

{ *Undertaker,* Geo. Schilling

{ *Place of Business,* cor Lisy with & Monument st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE DEPARTMENT AUG 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Donelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 46 Low

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem Louis Hemmer M. D.

Date of Burial, Aug 19 th 1875 Medical Attendant.

Undertaker, Julius Koehler Address 133 N Eutaw.

Place of Business, Cor Sharp & Cross. st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4948,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Berta Virginia Webb.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 24 Peach alley

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Summer Complaint

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, Augt 21st 1875

Undertaker, Jas H. Davis

Place of Business, Pora[illegible] St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Information by Deborah Johnson Mother

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th day of August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Bussiere

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 3 Years *Months,* — *Days.*

Color, White *Sex,* ~~Female~~ Male,

~~Married, Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} N 6 Wolf St.

Cause of Death, { First (Primary,) ~~Unknown~~

{ Second (Immediate,) Dysentery 3 weeks

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. Appleton M. D.

Date of Burial, August 20th 1875. Medical Attendant.

Undertaker, Wm. H. Richman, *Address* 347 N. Amn st

Place of Business, 2340 E. Bay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Lalott

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 2 *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 328 Hanover St

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, 2 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 20 th

{*Undertaker,* Henry Brill
Place of Business, Hearnette St 81

Thornton Pitt & Co. *M. D.*
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4951,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Brooks.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color, White, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 418 S. Bright St,

Cause of Death, First (Primary,) Spinal Irritation,

Second (Immediate,) Cerebral Congestion,

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare

Date of Burial, Aug 20th

Undertaker, Wm. M. Leonard

Place of Business, 732 W. Baltimore St *Address* City.

John. L. K. Bozer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to LIST of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8 P. M. 18th August, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thomas Harris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Three *Years,* Eleven *Months,* Twenty Nine *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tree Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County.

Duration of Residence in the City of Baltimore, About 35 Years

Place of Death, {Give street and number.} 270 N. Eutaw St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, About Nine Months.

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cem (Wm. L. Thom) M. D.

Date of Burial, August 20th 1875 Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St Address 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Elizabeth Herbert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* ~~Days.~~

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 11 Federal St

Cause of Death, First (Primary,) Cerebro Meningitis

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 20/75

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St *Address*

E. V. Shriver *M. D.*
Medical Attendant.
3 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug - 19th, 1875 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Earle Goldsmith.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* and Seven *Months,* *Days.*

Color, White — *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City —

Duration of Residence in the City of Baltimore, Since Birth —

Place of Death, {Give street and number.} 67 Biddle st near Druid Hill Avenue.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera infantum.

Duration of Last Sickness, Three weeks —

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, Aug 20 " 1875

R. H. Goldsmith — M. D.
Medical Attendant.

{*Undertaker,* Chas R. Forder / *Place of Business,* No 520 W. Balto st} *Address* 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4955

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Michael Snowman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, three *Years,* nine *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, from Birth

Place of Death, {Give street and number.} No 90 Somerset Street

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, August 21 1875

Undertaker, Geo Roach

Place of Business, 31 Central Av

Wm H Davis M. D
for Lindley Eccleston M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4956

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 18th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Joseph Johns Jr

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Gilmor St 4th door N. Patterson ave

Cause of Death, { First (Primary,) Tubrculosis / Second (Immediate,) Tubrcular Meningitis

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetary

Date of Burial, Aug 20th 1875

{ *Undertaker,* Hughes & Co / *Place of Business,* Fayett & Paterson

P. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} D. Henry McElroy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words do not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give street and number.} 25 Green St

Cause of Death, First (Primary,) Bright's disease of kidney

Second (Immediate.) Six months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetary J. M. Wilson M. D.

Date of Burial, Aug 21st 1875 Medical Attendant.

Undertaker, Hughes & co

Place of Business, Fayette & Republican *Address* 251 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1975 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19 1975

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Augusta Darby

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 4014 E. Lombard

Cause of Death, First (Primary,) Convulsions 3 days

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, 20 Aug 1975

Undertaker, Wilson Bros

Place of Business, 1500 Greenmount Ave

John F. Townsend M. D.
Medical Attendant.

Address 5 N. Ar, Co. of Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4959

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 19 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Jones & Julia Jones (Parents)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, one day

Place of Death, {Give street and number.} 52 Jefferson St

Cause of Death, { First (Primary,) ——— / Second (Immediate,) Spasms

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Stewart M. D.

Date of Burial Augt 20 1875 Medical Examiner

{*Undertaker,* W. H. Dungan *Address* Commrs of Health

{*Place of Business,* East Street & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Burke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, one year *Years,* — *Months,* — *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Camels alley

Cause of Death, First (Primary,) Gen Debility

Second (Immediate,) Marasmus

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Jno A Steuart* M. D.
Medical Attendant.

Date of Burial, Augt 20th 1875

Undertaker, Wm L. Gray *Address* Commissioner of Health & Registrar

Place of Business, Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Isaac Banks — Friend of family

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 20 1975 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Moser (Moses)

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* 7 *Months,* ____ *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lautenthal (Germany) Hanover

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and number.} Burgundy Ste

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Bronchitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 20th

Undertaker, Robt. K. N. Hall

Place of Business, 90 S. Howard St

Adolph Boeder, M. D.
Medical Attendant.

Address 131 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. H. Rixse

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 1 *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36. Ridgely St.

Cause of Death, First (Primary,) Morbid Dentition

Second (Immediate,) Convulsions,

Duration of Last Sickness, 6 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 21st 1875

Undertaker, Fred. N. Tall

Place of Business, 90 S. Havard St

R. J. N. Tall M. D.

Medical Attendant.

Address 15 S. P. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4963

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Coward

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Forewoman in Fruit Packing Establishment

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 73 S Charles Cor. Pratt.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Anhemia

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Cath Cemty

Date of Burial, Aug 20th 1875

Eugene F Cordell M. D.
Medical Attendant.

Undertaker, Jos H Byrne

Place of Business, 84 N Liberty *Address* 58 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Hofer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* Five (5) *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 17 months

Place of Death, {Give street and number.} No 167 Eutaw St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, August 21. 1875

Wm. Montgomery M. D.
Medical Attendant.

Undertaker, H. Rossing

Place of Business, 136 E Fayette St. *Address* 76 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20. Aug, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friderika Ashauer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* 8 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of ~~Residence in the City of~~ Baltimore, Life

Place of Death, {Give street and number.} Corn. Madison & Potter

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Aug 20/75

Undertaker, C. H. Rossiter

Place of Business, 1368 Fayette *Address*

F. Flothow M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thompson T. Jones

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } Male

Age, *Years,* 16 *Months,* 11 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 109 N. Caroline St.

Cause of Death, { First (Primary,) Scarlatina Maligna

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Co.

Date of Burial, Aug 21

Undertaker, Wm Fry

Place of Business, 54 N Broadway

Jno F. Powell M. D.
Medical Attendant.

Address 92 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4967

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 19 - 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Shorts - (Colored)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 29 Booth St.

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} 29 Booth St

Cause of Death, First (Primary,) —

Second (Immediate,) Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 20 1875

H L Dalton M. D.
Medical Attendant.

Undertaker, H H Chase

Place of Business, 53 & 98 Howard St. *Address* 581 Lexington St

(Saw the chd. only once before death)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT AUG 20 1875

CERTIFICATE OF DEATH.

Date of Death, August 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Coleman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, " *Years,* Nine *Months,* *Days.*

Color, White color *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Nine months

Place of Death, {Give street and number.} No 25 Stockholm Street

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, Twenty four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 20 75

Undertaker, H McClure

Place of Business 176 S Howard St

J. F. Brown M. D.
Medical Attendant.

Address 176 S Howard St
Balt City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 20, 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th 1875 August

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Augustus Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 2. *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 11 Stirling st

Cause of Death, First (Primary,) Exhaustion

Second (Immediate,)

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 20th 1875

Undertaker, William H. Dunges

Place of Business, No 104. East 24

Wm. L. Bunn M. D.
Medical Attendant.

Address Broadway cor Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Mary C Minter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* 2 *Months,* 28 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Adams Co. Pa.

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give street and number.} Near boundary. 20th Ward.

Cause of Death, First (Primary,) Dropsy of both ovaries

Second (Immediate,) Debility

Duration of Last Sickness, Seven years

All the above information should be furnished by the Physician.

Place of Burial, Frederick M.D.

Date of Burial, August 21st 1875

Charles A Geiger M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave *Address* 267 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transit 201

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Sanders

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 3 *Months,* 12 *Days.*

Color, *Sex,* Fem.

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 1 Warren St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Phthisis Pulmonalis.

Duration of Last Sickness, Fifteen months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Aug 21st 1875

R. J. H. Tall M. D.
Medical Attendant.

{*Undertaker,* Smithgoodenow *Address* 158 S. Sharp St
{*Place of Business,* 203 Eight st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. Reed

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Patapsco River

Cause of Death, { First (Primary,) Accidentally drowned
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, Aug 19th

Undertaker, H. H. C. Perry

Place of Business, 448 W Pratt *Address* 76 S. Exeter St.

Chas. Kelly *M. D.*
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

from information

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Curran

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, white *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 44 Cockeu st.

Cause of Death, { First (Primary,) Inanition
Second (Immediate,)

Duration of Last Sickness, not well since born

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem. P. G. Dausch M. D.
Medical Attendant.

Date of Burial, August 21. 1875

Undertaker, W. A. Unger

Place of Business, 76 S. Broadway *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ~~STATISTICS~~.

Permit No. 4974

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza C. Shaw

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 1 Canal St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 20 1875

M. D.
Medical Attendant.

{*Undertaker,* James D Byrne
{*Place of Business,* No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11975

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Prescribed for this

Occupation, Child on the Day of its Death, He

Birthplace, {State or country (and how long in the United States, if of foreign birth.} was thus ill articulo, Had

Duration of Residence in the City of Baltimore, No Medical attention, up to that time,

Place of Death, {Give street and number.} 40 Lee alley

Cause of Death, {First (Primary,) Cholera Infantum.

{Second (Immediate,) of days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21 1875

{*Undertaker,* McCord Bro

{*Place of Business,* 131 Saratoga *Address*

Jos. D. L. Robbins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

No. 4976

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 20th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Walter Farrell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 288 McHenry St

Duration of Residence in the City of Baltimore, 8 Weeks

Place of Death, {Give street and number.} 288 McHenry St

Cause of Death, First (Primary,) Inflammation of Bowels

Second (Immediate,) Convulsions

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 21st

J. J. Chatham M. D.
Medical Attendant.

Undertaker, Wm. M. Leonard

Place of Business, 782 W. Baltimore St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4977

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kahl

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, *Years,* *Months,* 8 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimo

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 636 Light St

Cause of Death, {First (Primary,) Trismus Nacentum
Second (Immediate,)}

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Westen Cem H. M. Dodge M. D.

Date of Burial, Aug 22 1875 Medical Attendant.

Undertaker, Julius Koehler *Address* 207 Hanover St

Place of Business, Cor Sharp & Cross st. Baltimo Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4978,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Aug~~ August 18~~th~~ 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Bowen

~~*Sex*~~, *Male or* ~~*Female*~~, { Cross out the word not required in this line. } Male

Age, one *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, colored *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give street and number. } 199 Hughes st

Cause of Death, { First (Primary,) Typoid pneumonia / Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21st 1875

{ *Undertaker,* John B Williams / *Place of Business,* 107 Lee st

Wm J. Madden M. D.
Medical Attendant.

Address 227 N Carrollton ave
Office 323 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} No 235 Cross St

Cause of Death, First (Primary,) Hypertrophy of Heart with

Second (Immediate,) Cerebral Dropsy

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21st 75

Undertaker, J. Fin Williams

Place of Business, 107 Lee St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4980

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lambert G. Middleton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Seventeen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 62 Mount Vernon Place

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 62 Mount Vernon Place

Cause of Death, {First (Primary,) Imperfect "Foramen Ovale"
Second (Immediate.) "Cyanosis"

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 21st 1875

{*Undertaker,* John L. Weaver
Place of Business, #21 W. Fayette St

Rufus Beckler M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Herron,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 8 *Months,* *Days.*

Color, White, *Sex,* Male,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} S. E. cor. Mc Elderry & Dunkirk, Ad.

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 22nd 1875

G. Glanville Rusk M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway Address Balt. & Washington, Ad.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4982

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 19. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Mary Sheehan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 118 North Street

Cause of Death, First (Primary,) Old age

Second (Immediate,) Debility

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemty

Date of Burial, Augt 22nd 1875

Martin Brown M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty st

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4983

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pa

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) / Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cimetery

Date of Burial, August 22d 1875

M. D.
Medical Attendant.

Undertaker, A. M. Gitinger

Place of Business, 341 Canton Av. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Herzing

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 44 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number. } 120 Somerset

Cause of Death, First (Primary,) Phtisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about 10 months

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 22 1875

Undertaker, Henry Koch

Place of Business, 809 Central Av.

J. G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 of August

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gracy E Leet

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 1 m Days. 5

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 30 South Mount st

Place of Death, {Give street and number.} 30 " " "

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, 4 oclock today

Undertaker, Wheaver

Place of Business, #22. W. Fayette st

Dr F Reinhard M. D.
Medical Attendant.

Address 124 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1996

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4986,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19 August,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carl Barth

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* *3 Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State of country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 11. ~~Hoffman's~~ Macculloch St

Cause of Death, { First (Primary,) / Second (Immediate,) } Eclampsia infantum

Duration of Last Sickness, ~~ab~~ 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 21 1895

C Hoffman M. D.
Medical Attendant.

Undertaker, Chas Koenig

Place of Business, 136. E Fayette *Address* 57 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4987

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4987

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21 th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Sadtler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 9 Days.

Color, Col Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Street 21 St 8

Cause of Death, First (Primary,) Convulsion

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, Aug 21

Undertaker, H. H. C. Perry

Place of Business, 1148 W Pratt

C. F. Buddenbot M. D.

Medical Attendant.

Address 1166 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4988

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4988

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Nine *Months,* Twenty *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 11 Sterett Street.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. P. Fulton

Date of Burial, Aug 21st

Undertaker, A. H. & Son

Place of Business, 441 W Balto St

Jno N. Oldendick M. D.
Medical Attendant.

Address No. 15 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Moinahan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~1~~ 31 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Island

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} University Hospital Green & Lombard Sts.

Cause of Death, {First (Primary,) Umbelical hernia / Second (Immediate,) Strangulation of same

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Aug 22nd 1875

{*Undertaker,* John P. Poulton / *Place of Business,* Frederick ave *Address*

R. B. Morrison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11911

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Mary Jane Levy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty fifth *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rhode Island

Duration of Residence in the City of Baltimore. Nine Years.

Place of Death, {Give street and number.} N° 167 E. Balto St

Cause of Death, First (Primary,) Epithelioma of left Labium

Second (Immediate,) The Rectum involved & then Dysentary

Duration of Last Sickness, About one Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 23/75

Christopher John Swan M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

Date of Death, Aug 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Higginstown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Railroad employee

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} University Hospital - Green & Lombard

Cause of Death, First (Primary,) Leg crushed by car wheel & amputation

Second (Immediate,) General Shock

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, August 22nd 1875.

R. B. Morrison M. D.
Medical Attendant.

Undertaker, Fleeks & Tall

Place of Business, 90 S. Howard St. *Address* Baltimore Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4992

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Bower

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, About 28 *Years,* — *Months,* — *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House-Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne-Arundel Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 137 St Paul St Balto. Md

Cause of Death, First (Primary,) Cholera-Morbus

Second (Immediate,) Collapse

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 22 95

Medical Attendant. Adolph Lowe M. D.

Undertaker, J. H. Chase

Place of Business, 1819 Howard St *Address* 89 Franklin St Balto. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4993

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud Alice Poole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 306 Greenmount Ave

Cause of Death, { First (Primary,) / Second (Immediate,) } Scarlet Fever (Malignant)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 22, 2 o'clock P.M.

Jm. Brooke Boyle M. D.
Medical Attendant.

Undertaker, George C Rotenmaier

Place of Business, 38 Exeter St

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of thi[illegible]

Board of Health, City of Baltimore,

Permit No. 49944

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Donaldson Post

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 91 W Mount Street

Cause of Death, First (Primary,) Congestion of brain

Second (Immediate,)

Duration of Last Sickness, 26 hours

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery L. Blanck M. D.

Medical Attendant.

Date of Burial, Aug 23d 1875

Undertaker, J. W. Jenkins & Son

Place of Business, 16 Light st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Silla Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wash Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} Chew St. one door from Eastern Ave

Cause of Death, First (Primary,) Asthma

Second (Immediate,)

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Eastern Potterfield James A Stewart M. D.

Date of Burial, Aug. 22d, 1875 Medical Attendant.

Undertaker, Wm Donovan *Address*

Place of Business, Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4996

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1875 BALTIMORE

Date of Death, Aug. 21st, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah R. Sinners

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 4 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md,

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 248 Alice anna St.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Endocarditis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Monday Aug. 23

Undertaker, Henry Bein

Place of Business, 252 Alice anne St. *Address* 243 Alice anna St.

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4977

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sarah C. Omohun

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 14 *Years,* 9 *Months,* / *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} 161 Gough St, Ireland birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 Gough St.

Cause of Death, {First (Primary,) Spinal disease

{Second (Immediate,) one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery R. W. Mansfield M. D.

Medical Attendant.

Date of Burial, Aug 22nd 1875

Undertaker, Hughes and Co *Address* 117 S. Broadway

Place of Business, 65 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

4998

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tayler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 11 Hours after Birth *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bethel st. 125

Cause of Death, First (Primary,) Difficult Labour

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallis st B. Ground

Date of Burial, Aug 22nd 11 1875

John H Schultz M. D.
Medical Attendant.

Undertaker, John H Sachs

Place of Business, 65 S. Wolf st *Address* 125 Bethel st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4999

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4999

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude V Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 8 *Months,* 1 27 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 Hampstead St

Cause of Death, First (Primary,) Delicate from Birth

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Four or Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetry

Date of Burial, Aug 22 nd 1875

Undertaker, John. W. Locke

Place of Business, 69 S. Wolfe

N. E. Hooks M. D.
Medical Attendant.

Address Cor Baltimore & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 5,000

sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ndertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or quested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Death, August 21st, 1875

me of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anton J. Harold

le or Female, { Cross out the word not required in this line. }

29 *Years,* 9 *Months,* *Days.*

White *Sex,*

~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Printer

ion, Baltimore City

ace, { State or country (and how long in the United States, if of foreign birth. } Since Birth

n of Residence in the City of Baltimore,

f Death, { Give street and number. } 52 S. Register

f Death, { First (Primary,) / Second (Immediate,) } Meningitis

n of Last Sickness, Four Days

The above information should be furnished by the Physician.

f Burial, F. Woodlawn

f Burial, 23 Aug

ertaker, Wendelken & Ford

e of Business, Bond. 151 Address 94 S. Broadway

A. K. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

tion 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate rth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5001.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21. 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Malvina Fletcher

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. } Female

Age, 34 *Years,* — *Months,* — *Days.*

Color, White — *Sex,* Female —

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City —

Duration of Residence in the City of Baltimore, all her life —

Place of Death, { Give street and number. } Home 84 Broadway

Cause of Death, { First (Primary,) Typhoid Fever

Second (Immediate,) —

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 22nd August 1875.

Frank D Glenn M. D.
Medical Attendant.

Undertaker, T. E. Ord

Place of Business, 84 N. Broadway, *Address* Home 84 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5,002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1875 BALTIMORE

Date of Death, Aug 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Edward Bachman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 412 E. Fayette St.

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore Cemetery~~ Green Mount Cemetery

Date of Burial, Aug. 22/75

Geo. G. Glanville, Rust M. D.
Medical Attendant.

Undertaker, Ch Rossing

Place of Business, 136 E Fayette

Address Balto Wash. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5003.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22? 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29. *Years,* 3. *Months,* — *Days.*

Color, Black *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 61. Dover St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2 Mo's

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Stewart M. D.

Date of Burial, Aug 22 1875 Medical Attendant.

Undertaker, Samuel Chase *Address* Comm'r of Health

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Isaac Gross, Cousin

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5004

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22 nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Randolph

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 78 Henrietta St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 23

Undertaker, Henry Boniface

Place of Business, Henrietta St 81

P. Smith M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5005

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5005

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 21 August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses Senna

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, Chestnut Color *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brickmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} No 339 E Howard St

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Chronic inflamation of the Peritoneum

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Aug 22 - 75

Undertaker, John B Williams

Place of Business, 107 Lee St

J. F. Brown M.

Medical Attendant.

Address No 165 S Howard St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

NO.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Roman,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, *Sex,* Fem,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 43 Abeys Alley,

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Alphonsus R. I. H. Tale M. D.

Medical Attendant.

Date of Burial, Aug 23 1875

Undertaker, C F Krause

Place of Business, 20[redacted] Harrison *Address* 158 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Pellner.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 7 E. Mark. St.

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Aspe Cem.

Date of Burial, Monday. Aug 23d 1875.

Undertaker, John Brown

Place of Business, 7 E Mark St.

C. Glanville, Rust M. D.
Medical Attendant.

Address Balt Washington, Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3708

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Henry Berry

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, 14 Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Daing Life

Place of Death, { Give street and number. } 304 Hanover St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 25

O. A. Cooke M. D.

Medical Attendant.

Undertaker, C. E. Krauss

Place of Business, 209 Hanover Address Cor Lee & Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3709

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22" 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Franklin Dunn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 485 Scott st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 23

O. A. Cooke *M. D.*

Medical Attendant.

Undertaker, C. F. Krauss

Place of Business, 209 Hanover *Address* Cor Lee & Hanover.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Migal

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 20 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 304 S. Sharp St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) two months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 23

Undertaker, H Brielle

Place of Business, Hanover St 81

R. J. N. Tall M. D.
Medical Attendant.

Address 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5011

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 21st Aug. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethie Mabel Coy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 820 N. Path

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 820 N. Path

Cause of Death, First (Primary,) Pneumoniac

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 23

Undertaker, J B Crabb

Place of Business, 707 Monday Baltimore

John Hood M. D.
Medical Attendant.

Address 234 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Coffee

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Lemmon alley

Cause of Death, First (Primary,) ———

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery James St Canal M. D.

Date of Burial, Augt 23 1875

Undertaker, A. B. Cook

Place of Business, 707 W. Balto *Address* Commis of Health

St Regulations

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by A. B. Cook Undertaker

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. Gollinghorst

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 11 *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 72 Buchanan's Wharf.

Cause of Death, First (Primary,) ~~Dropsy & Diar~~

Second (Immediate,) Cirrhosis of the Liver.

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 23rd 1875

Undertaker, Fred'k. R. Toll

Place of Business, 90 S. Howard

Abram M. Arnold M. D.
Medical Attendant.

Address No. Light Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Daniel Koch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 35 years here

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 125 N. Spring Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cty Ernest H Faust M. D.

Date of Burial, Augt 23d 1875

Undertaker, Henry Hoeck

Place of Business, Central Ave *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Frederick Herbert — Nephew —

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Alma Leitch

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 2 *Years,* *Months,* 21 *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 173 Jefferson

Cause of Death, { First (Primary,) Inflammation of Stomach & Bowells
Second (Immediate,)

Duration of Last Sickness, about 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *Date of Burial,* Aug. 23d 1875

J Ridgway Andrs M. D.
Medical Attendant.

Undertaker, W F Fry

Place of Business, 54 N Broadway, Address Aisquith & Balto city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marcus Wolf Sr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Formerly a Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and number.} N. E. Cor. Ensor & Harford Ave.

Cause of Death, First (Primary,) ———

Second (Immediate,) Paralysis

Duration of Last Sickness, 5 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 23rd 1875

John Brooke Boyle M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St *Address* 174 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5717

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, aug 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cadwis W H Owings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick County Md

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} 24 M'Culloh St Balto

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, 31 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 25 aug 1875

Undertaker, Jacob Heaver

Place of Business, Bruce Mill *Address* 23 M'Culloh St

C Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, [illegible] *Years,* 1 *Months,* [illegible] *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible] S. [illegible]

Cause of Death, { First (Primary,) [illegible]
Second (Immediate.) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 23d 1875

M. D.
Medical Attendant.

Undertaker, Geo Crockett

Place of Business, 324 Canton Av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hamilton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, *Years,* *Months,* 2 20 *Days.*

Color, Col'd *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 42 Jefferson —

Cause of Death, First (Primary,) Cold —

Second (Immediate,) Bronchitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Stewart M. D.

Date of Burial, Augt 23rd 1875

Undertaker, W. H. Dunge

Place of Business, East St Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Informant by Richd B. Hamilton Father

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. #5720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, Days.

Color, Dark copper *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} No 12 Union st

Cause of Death, First (Primary,) Dentition

Second (Immediate.) Cholera Infantum

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug. 23 1875

B F. Bohm M. D.
Medical Attendant.

Undertaker, D. B. Nelson

Place of Business, 70 Mulberry St Address Cor Dolphin & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Anderson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, ~~Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County, Maryland

Duration of Residence in the City of Baltimore, Forty Two years

Place of Death, {Give street and number.} No 73 Chesnut Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Scirles

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loop Hill Cemetery

Date of Burial, Aug 24 23d 1875.

Undertaker, Wm S Gray

Place of Business, 45 Mulberry St.

Thomas Sappington M. D.
Medical Attendant.

Address 70 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. .....

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 22 /75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaiah Frederick

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, —— *Years,* 14 *Months,* 20 *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ——

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } 226 S. Bethel

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Brain Trouble

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 24th 1875

Abram B Arnold M. D.
Medical Attendant.

{ *Undertaker,* Geo Fuchlich
{ *Place of Business,* 137 Canton Av *Address* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 1 1 2 3.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22nd August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Stuck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 324 E Madison st

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 24th 1875

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Wm. L. Arnett M. D.
Medical Attendant.

Address Broadway Cemetery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Tubman

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 93 Lee St

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral *James A Stewart* M. D.

Date of Burial, Augt 23 1875

Undertaker, W. L. Gray *Address* Commiss of Health & Registrar

Place of Business, Mulby St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by W. L. Gray Undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles S. Nutt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 11 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* ———

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 166 Tyson Street

Cause of Death, First (Primary,) ~~Hoxmet~~ Acute Nephritis

Second (Immediate.) ~~Dropsy~~ Bright's Disease

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, Augt 23 1875

Undertaker, W. J. Gray *Address* Commissioner of Health

Place of Business, Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by W. James Gray undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Coe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 98 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 3 mos 13 days

Place of Death, {Give street and number.} 174 N. Caroline St.

Cause of Death, {First (Primary,) ——— Second (Immediate,) Old age

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Augt 23rd 1875

Thos A Stewart M. D.

Undertaker, Geo Schulling

Place of Business, Asquith & Mun Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Geo Schulling Undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Wellmer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* 17 *Days.*

Color, White ~~Sex,~~

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 55 S. Peter St

Cause of Death, {First (Primary,) Bronchitis / Second, (Immediate,) Consumption

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 24th 75

{*Undertaker,* P. F. Dill / *Place of Business,* 183 Columbia

Dr Thurston, M. D.
Medical Attendant.

Address 164 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Henry Albertson Jr

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, ~~Years,~~ Six Months, Days.

Color, White *Sex,* male

~~*Married, Single,* Widow or Widower,~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } W. Pratt Street No 284

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera infantum

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Augst 23d 1875

{ *Undertaker,* C. H. Blizzard / *Place of Business,* No. 66 Eutaw st }

Morris Stiener M. D.
Medical Attendant.

Address. 249, W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3029

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas. J. Butler Jr.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Pratt St. bet. High & Exeter

Cause of Death, { First (Primary,) Killed by being run over by a beer wagon

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, August 23d 1875

Undertaker, James A Byrne

Place of Business, N° 63 N Frent St

Thos. Kelly *M. D.*
Medical Attendant.

Address 14 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

from information of Coroner

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5036

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Pat Hay.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Sex,

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 196 Front St

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, An year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 21st 1875

{ *Undertaker,* Jas P Byrnes

{ *Place of Business,* Front St

Address 152 Eutaw

Medical Attendant M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23th August 1875. 4 o'clock morning

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Harry Eckel

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 11 *Months,* 8 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, { Give street and number. } S. Caroline str. 55.

Cause of Death, { First (Primary,) Hydrocephalus Chronicus
Second (Immediate,) Convulsiones

Duration of Last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Augt 24th 1875

William Henkel M. D.
Medical Attendant.

{ *Undertaker,* Henry Beine
{ *Place of Business,* 236 Ann St

Address S. Wolfe str. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Dunn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Washer woman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Eastern Shore. Md.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number. } 22 Elbow Lane

Cause of Death, { First (Primary,) Later Child Birth. / Second (Immediate,) Hemorrhage.

Duration of Last Sickness, About 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 23d 1875

Undertaker, Wm H. Deingle

Place of Business, No 104 East St

Address

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Joseph Corcoran

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 2 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 E. Pratt

Cause of Death, First (Primary,) 7 month's child.

Second (Immediate,) Premature Birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery Peire G. Daud, M. D.

Date of Burial, August 23rd Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 13 Fountain St Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5034,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Robinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 32 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} University Hospital, Green & Lombard Sts.

Cause of Death, First (Primary,) Concussion of Brain

Second (Immediate,) Shock

Duration of Last Sickness, 1 day City Patient

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, Aug 23 — 1875

Undertaker, M. H. & C. Perry

Place of Business, 148 W Balto

R. B. Morrow M. D.
Medical Attendant.

Address Baltimore Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Jane Brigham

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, [illegible] *Years,* 8 *Months,* 28 *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 700 Eastern Av

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 100 Eastern Av

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 26

Undertaker, [illegible]

Place of Business, [illegible]

J Ridgway Andrie M. D.
Medical Attendant.

Address No 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kilian Meinhart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 452 Division st

Cause of Death, First (Primary,) Cancer

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem 26 S Dime

Date of Burial, August 25th 1875

M. D.
Medical Attendant.

Undertaker, Andrew Daly *Address* 21 McCulloh st

Place of Business, 118 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Battery Laughlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 330 Myrtle Avenue

Cause of Death, {First (Primary,) Exhaustion from age

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 25th

Undertaker, Geo. Schilling

Place of Business, Address cor Pratt & Monument sts

L. T. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 7 1 3 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Inda Mary Hoffleman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years. 9 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balti. Md

Duration of Residence in the City of Baltimore, 9 Mos.

Place of Death, { Give street and number. } No 250 S Paca St

Cause of Death, { First (Primary,) Chronic Dysentery

Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery. J. N. Dyer *M. D.*

Date of Burial, August 24th 1875 *Medical Attendant.*

Undertaker, John Schucker

Place of Business, 1615 Canton *Address* 379 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 22nd. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edgar Abrams.

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White. *Sex,* Male.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} No 4 Hanover St.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Ch. Geo. & Tear Rds. M. D.

Date of Burial, Augt 24 1875 Medical Attendant.

Undertaker, A. J. Chalmers *Address* Balto Gen. Dispensary

Place of Business, 262 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 0 1 4 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin E. Everly

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore C

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 125 Canden st

Cause of Death, { First (Primary,) Second (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Home Cemetery *Date of Burial,* August 24th 1875 J. Handy Hill M. D.

Medical Attendant.

Undertaker, Fred. N. Frill *Address* 90 Hanover st

Place of Business, 90 S. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ellen Chaffman,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 22 *Days.*

Color, white, *Sex,* F.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 54 Stockton St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate.)

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Augt 25th 1875

J. S. Ryle M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, 262 Penn ave *Address* 247 Lawale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Att[illegible] of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37142

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine O'Gilmore

Sex, Male or Female, {Cross out the word not required in this line.} ——

Age, —— *Years,* 7 *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 53 Rolwent St Balto

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} 55 Polwent St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One month ——

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, August 24th

Edw. Williams M. D.
Medical Attendant.

Undertaker, Geo Frederick

Place of Business, 329 Eutaw Ave

Address 329 Eutaw St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 7 1 4 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d Aug. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugenia L. Krauss

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 16 *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 207 Hanover St

Cause of Death, {First (Primary,) Defective Nutrition

{Second (Immediate,) Diarrhoea & Malnutrition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Christ

Date of Burial, Aug 25th 1875

{*Undertaker,* C. H. Krauss

{*Place of Business,* 207 Hanover

H. H. Dodge M. D.
Medical Attendant.

Address 207 Hanover St Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22na 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Barbara Bökel

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 53 *Years,* — *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kingston Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No 150 South Wolf St

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 24th 1875

Thomas J. Evans M. D.
Medical Attendant.

Undertaker, Geo Troutbeck

Place of Business, 339 Canton Av *Address* No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 57145

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 22d 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Crew

Sex, Male or Female, { Cross out the word not required in this line. } "

Age, 13 *Years,* [illegible] *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, { Give street and number. } 61 Plum Alley

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, nearly 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 24. 75

{ *Undertaker,* [illegible] Chase

{ *Place of Business* 189 W Monument st *Address* 55 Sharp st

Wm G Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special [illegible] Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Jane Buchanan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} .....

Age, 1 *Years,* 1 mth *Months,* ~~Days.~~

Color, Negro *Sex,* female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Birthplace~~ Baltimore

Duration of Residence in the City of Baltimore, 1 year & 1 mth

Place of Death, {Give street and number.} No. 3 Stockholm St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 24, 75

R B Morrison M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, 19 & 21 S. Howard

Address University Hospital Green & Lombard Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The [illegible] of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30417

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Stinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 — *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penn Anne's Co Md

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} 29 Vincent alley

Cause of Death, { First (Primary,) Phthisis pneumonia
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 24 1875

J. Shelton Hill M. D.
Medical Attendant.

{ *Undertaker,* S P Chase
{ *Place of Business,* No 19 Howard st *Address* 432 W Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The [illegible] Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Schnaebele

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* 23 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 101 N. Wolf St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 14 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, August 26th 1875

{*Undertaker,* H. H. Gilmeyer

Place of Business, 341 Canton Ave.

James E. Donnelle M. D.
Medical Attendant.

Address 299 East Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurs, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 23 /75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Wm. Gabio

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* Eight *Months,* 26 *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, 8 Mo. 26 days)

Place of Death, {Give street and number.} #112 Frederick Avenue

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetary

Date of Burial, 25th of August

James L. Smithcom M. D.
Medical Attendant.

Undertaker, Mr. John T. Faulks

Place of Business, No 66 Frederick Avenue *Address* #584 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 64 Ensor St.

Cause of Death, First (Primary,) Abdominal Congestion

Second (Immediate.) Collapse

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery H. T. Reynolds M. D.

Date of Burial, August 25/75 Medical Attendant.

Undertaker, Peter Feig

Place of Business, 91 Eutaw Pl. *Address* 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet W. Burns

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 17 *Months,* ~~Days.~~

Color, colored *Sex,* Female

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Market Dorchester Co Md

Duration of Residence in the City of Baltimore, Eight months

Place of Death, {Give street and number.} 222 Hughes St

Cause of Death, First (Primary,) Dentition. (Cholera infantum

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 24th 75

Undertaker, John B Williams

Place of Business, 117 Hill St

Wm J Madden M. D.
Medical Attendant.

Address 227 N Carrollton ave
Office 323 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks hereon, and to list of diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22d August, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin Gould Hayward.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 21 *Years,* 1 *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 320 Franklin St, Baltimore Md

Duration of Residence in the City of Baltimore, 21 yrs — 1 Mo, 17 Days.

Place of Death, {Give street and number.} No 320 Franklin St. Balto Md

Cause of Death, {First (Primary,) Tubercular Consumption;
Second (Immediate,)

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 25th 1875

Undertaker, Jacob Weaver *Address* 231 Franklin St.

Place of Business, No 4 & 6 Druid Hill Ave

H. H. Littell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Smiley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Telegraphist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 Barnet

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 26 1875

J H Wetherup M. D.
Medical Attendant.

{*Undertaker,* C & Herald
Place of Business, Hanover Street} *Address* 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 10524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Keller

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and number. } 141 S. Front Street

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Graveyard

Date of Burial, August 25th 1875

{ *Undertaker,* H. H. Gilmore

Place of Business, 341 Central Ave.

Wm. J. Gatch M. D.
Medical Attendant.

Address 211 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5055,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ 2 *Months,* ~~*Days.*~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Lying in Hospital

Duration of Residence in ~~*the City of Baltimore,*~~ Institution 2 weeks,

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug 25: 1875

Undertaker, I. I. Chalmers

Place of Business, 262 Penn^a Ave

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23d 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Walker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Co.

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 160 E. Monument St

Cause of Death, First (Primary,) Bilious Fever

Second (Immediate,) Peritonitis

Duration of Last Sickness, 6 wks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, August 25th 1875

H. T. Reynolds M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St. Address 186 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Hazleton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Blk ——— *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7 Johns Alley

Cause of Death, First (Primary,) Hamilton

Second (Immediate,) " "

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St B.G.

Date of Burial, Augt 26 1875

Undertaker, Saml. W. Chase

Place of Business, S. Howard

James A Steuart M. D.

Address Commrs of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Alexander Hazleton Father

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Spencer,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} Jones Court.

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetery

Date of Burial, Aug 25th 1875

G. Glanville, Rusk M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, 54 N. Broadway, *Address* Balto Mash. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible] Certificate.

Board of Health, City of Baltimore,

Permit No. 5059

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death [illegible]sed, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward L. H. Robert

~~*Sex*~~, *Male or* ~~*Female*~~, { Cross out the word not required in this line. }

Age, 7 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } S. mcf St. Balto. city

Duration of Residence in the City of Baltimore, during life time

Place of Death, { Give street and number. } 217 East. ave.

Cause of Death, { First (Primary,) / Second (Immediate.) } Chronic Croup

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery R. W. Mansfield M. D.

Date of Burial, Aug. 25 "

Medical Attendant.

Undertaker, H. Dippel

Place of Business, S. Bond st. 151 *Address* 114 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 5060

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marion Berkley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 194 Henrietta St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel. County O A Locke M. D.

Date of Burial, Aug 24 75 Medical Attendant.

Undertaker, G W Ellis Address Cor Lee & Hanover Sts

Place of Business, 191 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore August 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet ann Harker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty five *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Maryland

Duration of Residence in the City of Baltimore, Sixteen Years

Place of Death, {Give street and number.} No. 64 Albemarle

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Hydrothorax

Duration of Last Sickness, Fourteen Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 25, 75

Undertaker, S. McShane

Place of Business, 191 S. Howard st

J. A. Dyer *M. D.*
Medical Attendant.

Address No. 114 Hill St Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nancy Palmer.

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, Forty eight *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, No occupation

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot County Maryland

Duration of Residence in the City of Baltimore, About ten years.

Place of Death, { Give street and number. } No 30 Dover Street

Cause of Death, { First (Primary,) Epilepsy
Second (Immediate,) Cerebro Spinal paresis

Duration of Last Sickness, Three weeks, Epilepsy from infancy

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 26, 75

H O Stone M. D.
Medical Attendant.

Undertaker, S H Chase *Address* No 16 N Liberty Street

Place of Business, 192 W Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible] Certificate.

Board of Health, City of Baltimore,

Permit No. 5063.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 6 West alley

Duration of Residence in the City of Baltimore, 6 Mos

Place of Death, {Give street and number.} No 6 West alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Inanition

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 26 August

F. Leo Walls M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. Address 181 E Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875

CERTIFICATE OF DEATH.

Date of Death, Augt 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie. Elizabeth Benson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 11 *Months,* 6 *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chelsea Mass.

Duration of Residence in the City of Baltimore, 10. Years

Place of Death, {Give street and number.} 144 Hanover st

Cause of Death, First (Primary,) Epitheliona

Second (Immediate.) Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Aug 27th 1875

Undertaker, Thos Godey

Place of Business, Hanover st *Address* 144 Hanover st

Geo. N. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hession

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ballinrobe, County Mayo Ireland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} University Hospital.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, N. Cath. Cemetery

Date of Burial, 26th of Aug.

R. B. Morrison M. D.
Medical Attendant.

Undertaker, P. Kennedy

Place of Business, 311 Baltimore St. *Address* Baltimore Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Laurance C. White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years.~~ *Months,* 21 *Days.*

Color, White ~~Sex,~~

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 145 N. Stricker St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 26/75

W. W. Owings *M. D.*
Medical Attendant.

Undertaker, Knights Jr

Place of Business, 550 W Fayette St *Address* 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurred, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanora Gantt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Nine *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Nine Months

Place of Death, {Give street and number.} 52 Raborg St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 26. 75

Undertaker, S W Chase

Place of Business, 198 S Howard St *Address*

Julius Hall M. D.
Medical Attendant.
Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ...ion of Physicians is respectfully invited to the remarks below, and to ...

Board of Health, City of Baltimore,

Permit No. 5068 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1— 25th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, 10 Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt= Md

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} # 13 Claret Alley,

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 26 [illegible]

Undertaker, [illegible] Brase

Place of Business, 184 Howard St

L. A. Bell M. D.
Medical Attendant.

Address 151 Stamp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...on of Physicians is respectfully invited to the remarks below. And to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 24/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emory

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 N Baltimore St

Cause of Death, First (Primary,) Pleuritic Fever

Second (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Camp St Cemetery

Date of Burial, Aug 26/75.

Undertaker, H. M. Greene *Address* 316 N. Howard

Place of Business, 106 198 Howard

H. J. Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...l of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 5070 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

Date of Death, Aug. 25th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Anna A. Holloway

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 11 *Months,* 27. *Days.*

Color, *Sex,* Fem.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 304 Cross St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Enteritis

Duration of Last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 26th 1875 R. J. N. Tall M. D.
Medical Attendant.

{ *Undertaker,* Julius Koehler Address 158 S. Sharp St.
{ *Place of Business,* Cor Sharp & Cross Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5071

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

Date of Death, Aug 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Leggie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, five *Years,* 8 six *Months,* *Days.*

Color, Black *Sex,* female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 124 St Paul St

Cause of Death, First (Primary,) Typho-malarial fever

Second (Immediate,)

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery. Wm. E. Ball, M. D.

Date of Burial, Aug 26th 1875 Medical Attendant.

Undertaker, John. C. Jordon *Address* 175 St Paul St

Place of Business, 63 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on B... ...ertificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Priscilla Woodlin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 3 Cross St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, August 26th 1875

Undertaker, John C Gordon

Place of Business, 63 Park Ave.

J. H. Keller M. D.
Medical Attendant.

Address 89 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5073

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. Emory Stewart Colleg

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 15 *Days.*

Color, ~~Col.~~ White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 17 Randall St.

Cause of Death, { First (Primary,) Inanition

Second (Immediate,) ____

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 27th 1875

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

H. Smith M. D.
Medical Attendant.

Address. 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, Colored ~~Sex~~,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Camden St between Sharp & Hamm's

Cause of Death, First (Primary,) Natural causes

Second (Immediate,) most probably Heart disease

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 26th 1875

Undertaker, Wm. M. Lange

Place of Business, 110 N. Eutaw St.

Wm. Norman M. D.

~~Medical Attendant.~~ Coroner

Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin W Ruff

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 59 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, about 31 years

Place of Death, {Give street and number.} 166 Lynn st

Cause of Death, First (Primary,) Chronic Pneumonia

Second (Immediate,) Consumption

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet, *Date of Burial,* Aug 26th 1875

James A Stewart M. D.
Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St *Address* 93 Park av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on ... [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25 Aug. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} ~~Helena~~ Edla may A Smith

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 0 ~~Years,~~ 0 ~~Months,~~ 21 *Days.*

Color, White ~~Sex,~~

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and number.} Stone Row, near 10th ave -

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, August 26th 1875

Undertaker, Chas T Scriven

Place of Business, 271 N. Eutaw St

G. L. Tanyhill **M. D.**
Medical Attendant.

Address 129 N Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carline Kimmerer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 4 *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Jackson Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} No 148 Ramsay st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 27

Undertaker, P. Kimmert

Place of Business, 311 Hanbery St. *Address* No 166 Columbia Av.

Dr. L. Buddenbohn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 24. 5 A.M. A. D. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Montmorancy H. Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Watch Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Abbington Harford Co. Maryland

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} 56 South Calvert St

Cause of Death, First (Primary,) Pericarditis

Second (Immediate,) Associated with Pneumonia

Duration of Last Sickness, Four day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 26, 1875

Undertaker, H. A. Daugh

Place of Business, 714 S Broadway *Address* 618 W Balt St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Washington Myers

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Mariner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No 14 South Street

Cause of Death, { First (Primary,) Cerebritis (Chronic) from — Second (Immediate,) — Tumor in the base of the Cranium.

Duration of Last Sickness, Ten Months

All the above information should be furnished by the Physician.

Place of Burial, Salt Cemetery

Date of Burial, Aug 29 /75

Undertaker, Keighler & Co

Place of Business, 65 & 67 Broadway

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Davis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 33 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 113. S. Chester St

Cause of Death, First (Primary,) Hyperthophy with dilatation of the

Second (Immediate,) Heart

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 27th 1875

Undertaker, Bleigher & Co

Place of Business, 65 S. Broadway

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Geo. Washington Long

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since "

Place of Death, { Give street and number. } 135 North

Cause of Death, { First (Primary,) Moribund – When Called
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemy Geo W. Reynolds M. D.
Medical Attendant.

Date of Burial, Aug 27 1875

{ *Undertaker,* Parents
{ *Place of Business,*

Address 34 North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba... ...tificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John McKeown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days.*

Color, White

Sex, Single

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Plasterr

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 18 Biddle St

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate,) One year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, August 26 1875

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Jno. Burke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Anne Finley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 20 yrs in America

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} No 125 North Sh

Cause of Death, First (Primary,) Aortic Regurgitation

Second (Immediate,) Asthenia

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

I have not seen Mrs Finley since Aug 5th But believe the above Cause correct

Oscar Gerstley M. D.

Medical Attendant.

Place of Burial, Old Cathedral Cemetery

Date of Burial, August 26th 1875

Undertaker, James D Byrne

Place of Business, No 630 East Fayette St

Address St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Andrews

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 7 Henry St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lauralton Park

Date of Burial, Aug 27th 1875

Undertaker, Bowers & Son

Place of Business, 269 Light St

O A Cooke M. D.

Medical Attendant.

Address Cor Lee & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 25th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nichols Evers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, Days.

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 178 S. Regester St.

Cause of Death, First (Primary,) Difficult Dentition

Second (Immediate,) Prostration

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mathew Burying ground

Date of Burial, 27th August at 10 A.M.

John H. Rehberger, M. D.
Medical Attendant.

Undertaker, Henry Bein

Place of Business, No 252 Alice anna st Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th. August 1875. 5 o'cl. after noon

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Barbara Rack

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, white *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, during life since

Place of Death, {Give street and number.} Bradford Alley 68.

Cause of Death, First (Primary,) Scarlatina 5

Second (Immediate,) Atrophia

Duration of Last Sickness, seven weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 27th of August

William Hunel M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Aisquith St. Address S. Wolfe & n. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT BALTIMORE

Permit No. 3087

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Mary Ann Andrews~~ August 25th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Ann Andrews

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 67 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Fifty Six years

Place of Death, {Give street and number.} Cor of Gay & Exeter St

Cause of Death, First (Primary,) Gastric ~~Dysentery~~ -

Second (Immediate,) Typhoid fever

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 27 W Hammond M. D.

Medical Attendant.

Undertaker, Wm H McKinney

Place of Business, 1023 W Gay St *Address* 43 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Yeates Norris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* Twenty eight *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} #300 Aisquith

Cause of Death, First (Primary,) Cerebral Meningitis

Second (Immediate.) Convulsions

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemty

Date of Burial, August 27/75

A. Hartman *M. D.*
Medical Attendant.

Undertaker, Wm. H. Hutchman

Place of Business, 234 N Gay *Address* 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August, 25th 7 00 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Nathan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 12 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 81 Granby St

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, During its natural life

This child suffered with Marasmus from birth by the breast myself. I have not attended it for six weeks or two but feel satisfied as to the cause of its death.

All the above information should be furnished by the Physician.

Place of Burial, Eben St Hebrew Cemetery

Date of Burial, August 27th 1875

Greg Shertzer M. D.
Medical Attendant.

{*Undertaker,* Geo Eglau
Place of Business, 101 Gough St Address 111 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate g forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Creighton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } St Agnes Hospital

Cause of Death, { First (Primary,) Insanity / Second (Immediate,) General Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's

Date of Burial, August 27th

Edwd F. Nicholson M. D.
Medical Attendant.

{ *Undertaker,* Joseph F. Boyne / *Place of Business,* 59 N Liberty } *Address* 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Wiggins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 260 N. Donough

Cause of Death, First (Primary,) Old age

Second (Immediate,) Heart disease perhaps

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Aug 28th 1875

Undertaker, John H. Locke

Place of Business 66 South Wolf St

Edmund D. Walker M. D.
Medical Attendant.
Coroner N. P. Dist
Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 26th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Jackson Goodwin Jr

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* one & half *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } c/o 57 W. Fayette

Cause of Death, { First (Primary,) ____ Second (Immediate.) Preternatural Birth

Duration of Last Sickness, ____

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Aug 27th

Lewis Thompson M. D.
Medical Attendant.

{ *Undertaker,* John H. Weaver
{ *Place of Business,* c/o 22. W. Fayette St

Address 864 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 26 August

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Letzler

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 1 *Years,* 8 *Months,* 26 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Conerd Street 41

Cause of Death, { First (Primary,) Diarrhoea / Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 27 August

Undertaker, Robert Lotz

Place of Business, 118 Druid Hill Ave

A. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Haake

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 9 *Days.*

Color, *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 188 Cross. St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 27th 75.

Undertaker, F. H. Troll

Place of Business, 90. S. Howard St.

R. J. H. O'Tall M. D.
Medical Attendant.

Address 158. S. Sharp. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5095.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11 A M. August 26 1/2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharina Mellu

Sex, Male or Female, {Cross out the word not required in this line.} Femal.

Age, 75 *Years.* 8 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifteen years.

Place of Death, {Give street and number.} 37 Raydley Street

Cause of Death, First (Primary,)

Second (Immediate,) Cancer

Duration of Last Sickness, 8 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem John I. Tiver M. D.

Date of Burial, Aug 27th 1875 Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Shop & Cross st. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5096.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Matthews Crane

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* Eleven *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Eleven Months

Place of Death, { Give street and number. } Harmony Lane 100

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 27th 1875

Undertaker, Wm Pamentier

Place of Business, 65 Hanover St *Address* 149 Conway St

H H Chaly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 26 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Black

~~*Sex,*~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.o City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 130 ~~Hanover~~ Church alley

Cause of Death, { First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, 3 Wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 29 1875

{ *Undertaker,* W J Gray

Place of Business, 18 Madison St

James A Steuart M. D.

~~Medical Attendant.~~

Address Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Oliver Myers

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday August 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Cross.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Seven (7) *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 9. Burgundy Alley

Cause of Death, {First (Primary,) Pseudo membranous Laryngitis. Second (Immediate,) Asphyxia

Duration of Last Sickness, (3) ~~hours~~ four Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Friday August 27th 75

Undertaker, ~~H. H. Chase~~ Wm. J. Pickner

Place of Business ~~Cor Howard & Hill Sts.~~ 65. S. Eutaw st *Address* 29. South Sharp St.

Dr. N. Selden M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Allen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 32 N Pobleton st

Cause of Death, First (Primary,) Gastro-Intestinal Inflammation

Second (Immediate,) Dentition,

Duration of Last Sickness, 3 Mo

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn J. H. Carney *M. D.*

Date of Burial, August 27th 1875 Medical Attendant.

Undertaker, John S. Mackie

Place of Business, 76 Broadway *Address* 76 Broad

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5100.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1975 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Campbell

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, Blk *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give street and number.} No 6 Morris alley

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery G L Tanyhill M. D.

Medical Attendant.

Date of Burial, August 27. 75

Undertaker, D W Chase

Place of Business, 198 S Howard st *Address* 129 W Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5101.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 26 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Hamilton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} ~

Age, ~ *Years,* 3 *Months,* 3 *Days.*

Color, Mulatto. *Sex,* Female.

~~*Married,* *Single,* *Widow or Widower*~~ {Cross out the words not required in this line.} ~

~~*Occupation,*~~ ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 3 mos. 3 days.

Place of Death, {Give street and number.} 89 Moore's Alley.

Cause of Death, {First (Primary,) Cholera Infantum followed by a Second (Immediate,) Hydrocephaloid condition.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug- 26 1875

J. Shotwell Townsend. M. D.
Medical Attendant.

{*Undertaker,* S W Chase
Place of Business, 86 & 88 Howard St *Address* 216 N. Howard Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore August 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Lyons

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Twenty one *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Waitress

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prince georges Co Maryland

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, { Give street and number. } No. 22-3. Howard St Do

Cause of Death, { First (Primary,) Phthisis and
Second (Immediate,) Laryngitis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 29. 75

{ *Undertaker,* S. McClosse
{ *Place of Business,* 182 W Howard st

J. F. Dyer M. D.
Medical Attendant.

Address No. 146. Hill St
Baltimore
Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5703.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Thorwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 9 Months, 8 Days.

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 96 Goodman's alley

Cause of Death, First (Primary,) Scholina

Second (Immediate,) Infantum

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 27 1875

J. H. Smith M. D.
Medical Attendant.

Undertaker, J. W. Chase

Place of Business, 18 1/2 Howard St. *Address* 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Mann

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, ~~Years,~~ — 6 — *Months,* ——— *Days.*

Color, White ~~Sex,~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt: City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } W. of Chapel St

Cause of Death, { First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, 6 Mo's.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus James H. Leeart, M. D.

Date of Burial, Augt. 28 1875 Medical Attendant

{ *Undertaker,* Henry Noeck Address Com'r of Health

{ *Place of Business,* 309 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Father Jno Mann

Board of Health, City of Baltimore,

Permit No. 5705. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Barney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 8 *Months,* — *Days.*

Color, Color'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.r City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Clarkstons alley

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug.t 27 1875

Undertaker, R. B. Williams

Place of Business, 107 Lee St

Jas. T. Stewart, M. D.
~~Medical Attendant.~~

Address Com.rs of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Francis Martin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} —

Age, [illegible] *Years,* [illegible] *Months,* 7 *Days.*

Color, Colored, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va 18 [illegible] Albemarle Co

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} No 18 Elbow Lane

Cause of Death, {First (Primary,) Tetanus

Second (Immediate,) 9 days.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Shark St

Date of Burial, aug 27/1875

Undertaker, Wm Chris

Place of Business, 60 Howard St

W H Cain *M. D.*
Medical Attendant
Address [illegible] Hyde St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Reese

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widow

Occupation, At home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} Walnut alley 74

Cause of Death, {First (Primary,) Carcinoma of Liver

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, [redacted]

{*Undertaker,* [redacted]

{*Place of Business,* [redacted]

Geo L. Rice *M. D.*
Medical Attendant.

Address 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Aug 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Brenda Eliz. Newcomer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born Washington D.C.

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 1110 Penn Street

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Union Cemetery

Date of Burial, The 25th of Aug.

Edward Theobald M. D.
Medical Attendant.

Undertaker, J. Kimmel.

Place of Business, 317 Mulberry St. Address 89 Saratoga Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

Date of Death, Aug 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Brennan

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} Cor Pratt & Bacon Sts

Cause of Death, First (Primary,) Puerperal Fever

Second (Immediate.) " Convulsions

Duration of Last Sickness (Child 6 days old.) under Medical Treatment 3 days

All the above information should be furnished by the Physician.

Place of Burial, Efpines Cemetery

Date of Burial, August 28 75

Undertaker, D. Kimmel

Place of Business, 311 Hanover St

Geo. H. Park M. D.
Medical Attendant.

91 Frederick Ave
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~44~~ 5710

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 26th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Jones

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single, Widow or* ~~*Widower*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 50 Yrs

Place of Death, {Give street and number.} No. 2 Hanson Court

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate.)

Duration of Last Sickness, 1 Year

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 28th 1875

Undertaker, William A. Lange

Place of Business, 11 10th East St.

F. Gu. H. Thayer M. D.
Medical Attendant.

Address 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 23 BALTIMORE

Permit No. 5111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th / James & Lucy Hudson

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} New Born Babe child of

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Black *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Life long

Place of Death, {Give street and number.} 92 S. Central ave

Cause of Death, { First (Primary,) Trismus nascentium
Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery.

Date of Burial, August 27th 1875

Undertaker, William P. Dunges

Place of Business, 114 East 25

D. Webster Cathell M. D.
Medical Attendant.

Address 92 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George L. Burgan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 131 Ridgely St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 28th 75

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

Dr. Burke M. D.
Medical Attendant.

Address Cor Lee & Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5713.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT 27 AUG 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Twenty Sixth August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Cushing

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

~~Color~~, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 50 McCulloh St.

Cause of Death, First (Primary,) Addison's Disease.

Second (Immediate,) Apnoea.

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount 28th 1875~~ Greenmount

Date of Burial, August 28th 1875

Isham R. Page M. D.
Medical Attendant.

Undertaker, R. Renwick Son

Place of Business, 92 S. Howard Address 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Eastwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 234 E Madison St

Cause of Death, First (Primary,) Cholera Infantum

Second (immediate,) Exhaustion

Duration of Last Sickness, 3 days 2 months

All the above information should be furnished by the Physician.

Place of Burial, Bath St Cemetery

Date of Burial, Aug 28 1875

Undertaker, Wm F Ivy

Place of Business, #537 N Broadway

Address 60 Maryland Ave

J. M. Grant *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5715

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Rammars

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 215 Bond st. (North)

Cause of Death, {First (Primary,) Cerebro Spinal Meningitis.
Second (Immediate.)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Rest St. Paulas Cemetery

Date of Burial, 29 August 1875

Aug 7. Erich per W.W. *M. D.* Medical Attendant.

{*Undertaker,* John C. Silcock
{*Place of Business,* 265 W. Baltimore *Address* 91 S Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 27 " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Lillian Thomas

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, Years, 7 Months, 7 Days.

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 239 E Fayette St Balto,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 239 E Fayette St Balto

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Metr B. G. Phila Pa

Date of Burial, Aug 29 " 1875 J. R. Bridges M. D.

Medical Attendant.

Undertaker, William Fox

Place of Business, 524 N. Broadway Address 1121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Dickinson

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 302 McClure St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 302 McClure St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 29th of August

Undertaker, P. Devold

Place of Business, 35 N. Eutaw St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marcella Bouldin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* Seven *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~Hill~~ N. Spring 2c 122

Cause of Death, First (Primary,) Diarhea

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 28th 1875

Undertaker, Wilhelm & Lange

Place of Business, 160 E. Balt. St.

E C Baldwin M. D.
Medical Attendant.

Address 124 n. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Miller

~~Sex~~, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Veterinary Surgeon

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 120 E. Eager st

Cause of Death, { First (Primary,) Cold

Second (Immediate,) Chronic Bronchitis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, August 30th 75

Jno. Burke Boyle M. D.
Medical Attendant.

Undertaker, Jno H. Weaver

Place of Business, 226 Fayette st *Address* 174 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Eickel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 45 years in U S

Duration of Residence in the City of Baltimore, 45 in U S

Place of Death, {Give street and number.} Jones falls below Pratt Street

Cause of Death, First (Primary,) insanity result of apoplexy ~~Suicidal Drowning~~

Second (Immediate,) Suicidal Drowning

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem't

Date of Burial, August 28th 1875

Undertaker, Jacob Hoover

Place of Business, 1658 Druid Hill Ave

Edmund R Walker M. D.
~~Medical Attendant~~
Coroner M. P. Dist

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5721,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Letitia F Hughes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sgl.

Occupation, Gentlewoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 76 years

Place of Death, {Give street and number.} 171 St Paul

Cause of Death, { First (Primary,) Paralysis of the brain

Second (Immediate,) of 1

Duration of Last Sickness, Last attack

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, August 29th 1875

M. D.
Medical Attendant.

{ *Undertaker,* Chas T Scriven
{ *Place of Business,* 271 N Eutaw st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 27th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ernestina Minna Mensel

Sex, Male or Female, {Cross out the word not required in this line.} Female —

Age, — *Years,* Five *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt^o City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 23. Little Church St

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,) do —

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dreimyheits Grave Yard. W. C. Fahrney M. D.

Date of Burial, August 29, Medical Attendant.

Undertaker, H. Heyman.

Place of Business, 63 N. Eden St. *Address* do. S. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5723

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. Love

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number.} 247 E. Fayette St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, Augt. 28th 1875

James A Steuart M. D.

Undertaker, William Fry

Place of Business, 54 N. Broadway *Address* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Phillip G. Love Father

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37124

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~separately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 25. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice B. Knotts

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} ---

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 695. East Eager St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2½ Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 28th 1875.

Undertaker, Wm. H. Kirkman

Place of Business, 234 S. Gay St.

F. A. McManus M. D.
Medical Attendant.

Address 11 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27th August

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Hartke

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* *Months,* 23 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Wash Street 25

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery L. F. Reinhard M. D.

Date of Burial, 29th August Medical Attendant.

Undertaker, H. Seewald

Place of Business, 35 S. Eutaw St *Address* 224 West Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5726

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burinl, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under pennlty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Murtha

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Eleven Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 19 Eutaw St.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, 29th August 1875 Nicholas L. Corbett M. D.

Medical Attendant.

Undertaker, Henry Lander

Place of Business, 202 Central St. *Address* 29 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5127.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Olivia, Sanner, Bloxham

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, [redacted] *Years,* Eight *Months,* Twenty *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 127 High st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 157 High st

Cause of Death, {First (Primary,) Acute Hydrocephalus

{Second (Immediate.)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Augs 29th 1875

{*Undertaker,* Henry H Mears

{*Place of Business,* 64 N Gay St

S. F. Coyner M. D.

Medical Attendant

Address 134 West st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William McCoy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Hostler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland— abt 20 yrs

Duration of Residence in the City of Baltimore, abt 20 years

Place of Death, {Give street and number.} 47 King St

Cause of Death, First (Primary,) Chronic inflam. of Stomach

Second (Immediate,) Exhaustion

Duration of Last Sickness, 35 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's

Date of Burial, August 29th 1875

W. S. Kinnan M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 59 n Liberty *Address* 23 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. F. Hogan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bremen

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 255 West Pratt

Cause of Death, { First (Primary,) Penetrating Wound of Foot

Second (Immediate,) Tetanus

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug[t] 28[th] 1875

{ *Undertaker,* Wm Sherlock

{ *Place of Business,* No 151 Camden

E. A. Cheney M. D.

Medical Attendant.

Address 76 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bernhardine Cramer

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 60 *Years,* 3 *Months,* 10 *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Löningen, Oldenburg, Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 219 Canton Ave

Cause of Death, First (Primary,) Carcinoma uteri

Second (Immediate,) Marasmus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, 29th August 1875

Undertaker, Jacob Bucher

Place of Business, 224 Canton Avenue

J Mathieus M. D.
Medical Attendant.

Address 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5131 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 BALTIMORE

Date of Death, Augt 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Eliz. Purviance

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, Blk ——— *Sex,* Female

Married, ~~*Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} Sharp St alley near Lexington

Cause of Death, First (Primary,) Cold

Second (Immediate,) Consumption

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shorps St. B. C.

Date of Burial, Augt 29 1875

James A Steuart M. D.

Undertaker, W. L. Gray

Place of Business, Mulberry St *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Hastings — a [OVER.

diseased is a niece of his wife —

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Tice

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 N. Castle St

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St. Mathew City James A Steuart M. D.

Date of Burial, Augt. 29 1875

Undertaker, Chas. Rossin's *Address* Commis of Health & Registrate

Place of Business, 136 E. Fayette St

Ex[redacted]rom Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Chas Rossin Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5133,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, ... *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, { First (Primary,) ..... Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, August 29th 1875

{ *Undertaker,* C. M. Gilmore
{ *Place of Business,* 341 Canton Av.

Address .....

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 24. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Ellen Ditchworth

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* 4 *Months,* 23 *Days.*

Color, White, *Sex,* F.

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During Life,

Place of Death, {Give street and number.} 54 Stockton St.

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,) Perforation

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 29 August

{*Undertaker,* J. Bekelmore

{*Place of Business,* 262 Pennsa

J. S. Engle M. D.
Medical Attendant.

Address 247 Lawsale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5735

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A Smart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U.S. Baltimore, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Conn St ~~[illegible]~~ Augusta Alley

Cause of Death, First (Primary,) Atrophy

Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 29th 1875

Undertaker, Charles F. Hearle

Place of Business, 161 Lanvale St

R. K. Reed M. D.
Medical Attendant.

Address 554 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 28
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28. August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Foundling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the ~~City of Baltimore~~ Institution 2 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug 29. 1875

Marbury Brewer M. D.
Medical Attendant.

Undertaker, Jas L. Chalmers

Place of Business, 262 Penn Ave *Address* 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 27th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Etta Virginia Edwards

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 44 Canby St

Cause of Death, { First (Primary,) Suppressed Scarlet Fever / Second (Immediate.) Diphtheria

Duration of Last Sickness, About 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, 29 Aug't

{ *Undertaker,* J. B. Blackistone
{ *Place of Business,* 606 Balt St

A. H. Taylor. M.D.
Having seen the child only a few hours before death.

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug: 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Bracco

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 10 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all time

Place of Death, {Give street and number.} 24 Division st:

Cause of Death, First (Primary,) Cholera

Second (Immediate,) ~~Two weeks~~

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery B Griffith M. D.

Date of Burial, Aug 28th 1875 Medical Attendant.

Undertaker, D Mi Simms Son *Address* 117 Madison st:

Place of Business, 65 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3739 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Cornelia Josephine Stirel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 152 East Street Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 152 East St Baltimore City

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, St: Alphonsus

Date of Burial, August 29th 1875.

W. J. Buckler M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman. *Address* 38 N Charles St.

Place of Business, 234 S. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm & Annie Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Black *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 54 Walker St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, August 29 1875 Medical Attendant.

Undertaker, S. M. Chase *Address*

Place of Business, Sharp St Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Leon Wakeham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 1 Years

Place of Death, {Give street and number.} West Linden Avenue & Wilson St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Pauls Cem*

Date of Burial, August 29th 1875

Undertaker, Jacob Weaver

Place of Business, 1648 Druid Hill Avenue

Chas. M. Moffit M. D.
Medical Attendant.

Address 84 E Balto St & 319 Linden Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5142

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27 Aug 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Edw: Cunningham

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 22 *Years,* 8 *Months,* *Days.*

Color, White ~~Sex,~~

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Constant

Place of Death, {Give street and number.} 324 Cross

Cause of Death, First (Primary,) not ascertainable

Second (Immediate,) Congestion of brain

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 29th 1875

Undertaker, Barnes & Byrne

Place of Business, No 63 N Front St

J. Chudwick M. D.
Medical Attendant.

Address 154 Shaft St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 51113

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Fogarty

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 5 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 69 Ramsay

Cause of Death, {First (Primary,) Scarlet Fever —
Second (Immediate.)}

Duration of Last Sickness, 11 days —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 29 1875

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Edwd F. Michael M. D.
Medical Attendant.

Address 279 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3144

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore August 26th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} James Edward Scott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty *Years,* *Months,* *Days.*

Color, Colored *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} No 392 Cross St

Cause of Death, First (Primary,) Bilious fever remittent

Second (Immediate,) congestive and delirium

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Lamert Cemetery J. D. Dyer M. D.

Date of Burial, August 28th 1875 Medical Attendant.

Undertaker, W. Chase

Place of Business, 192 S Howard St *Address* No 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5145

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Smith

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 28 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 311 S Eutaw St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery O & A Cooke *M. D.*

Date of Burial, August 29, 75 Medical Attendant.

Undertaker, J W Chase

Place of Business, 191 S Howard St *Address* Cor Lee & Fleet Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore August 28th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline Harris

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. } Female Infant

Age, Years, Months, Six days Days.

Color, Colored *Sex,* Female Infant

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, Six days

Place of Death, { Give street and number. } No. 276, Hamburg St

Cause of Death, First (Primary,) Cerebral Disorder

Second (Immediate,) Convulsion and death

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 29. 75

Undertaker, S. McChase

Place of Business 191 S. Eutaw

L. L. D. Jones M. D.
Medical Attendant.

Address No. 146 Hill St Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane C. Pines

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Dark *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 28 Ohio avenue

Cause of Death, {First (Primary,) Jaundice

{Second (Immediate.) Dropsy

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetary

Date of Burial, Aug 29 1875

Undertaker, William Lange

Place of Business, No 104 East Balt *Address* 266 E. Baltimore St.

X. M. Hall M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27th August

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Georg Frisk – Josephine

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, *Years,* *Months,* 2 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Walsh N 277 Asthenia

Cause of Death, { First (Primary,) Weekness. / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Dr F Reichard M. D.

Date of Burial, August 29" 1875 Medical Attendant.

Undertaker, J J Chalmers *Address* 224 W Fayette Street.

Place of Business, 262 Penn ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th /75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza. Nicholson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty Six. *Years.* Three *Months,* Eighteen, *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death; {Give street and number.} 27 E. Edmonton Ave.

Cause of Death, First (Primary,) General Debility

Second (Immediate,) Gastro Enteritis.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudown Park Cemetary

Date of Burial, August 30th 1875. J. C. A. Sutton M. D.

Medical Attendant.

Undertaker, Wm J. Tapner,

Place of Business, 65 S. Eutaw St Address 543 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5150

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Alice Stewart

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 72. N. Poppleton

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 6 days —

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, August 27

Undertaker, J B Cook

Place of Business, No 707 W Lex Baltimore Address 279 W. Lombard

Edwd F. Buchheim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5151 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James ~~Boyd~~ Conick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* ___ *Months,* 3 *Days.*

Color, Colored *Sex,* ___

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 132 N Eden st Balt Md.

Duration of Residence in the City of Baltimore, Infinite

Place of Death, {Give street and number.} 132 N Eden st

Cause of Death, First (Primary,) ___

Second (Immediate,) Convulsions

Duration of Last Sickness, ___

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cety

Date of Burial, Aug 30th 1875

Undertaker, J. H. Toocks

Place of Business, 169 Eastern Ave *Address*

J Harvey Lee M. D.
Medical Attendant.

Address 19 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5152

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
30
1875
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Linnard Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 11 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 97 Battery Ave.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, August 30th

J. S. Harrington M. D.
Medical Attendant.

Undertaker, F. B. Troll

Place of Business, 90 S. Howard St *Address* 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5153 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Raschling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 10 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 204 Preston St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 204 Preston St

Cause of Death, First (Primary,) Diarhea

Second (Immediate,) Convulsion

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 30th 1875

C Winslow M. D.
Medical Attendant.

Undertaker, C Weigand

Place of Business, 52 Druid Hill Av *Address* 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 28 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Francis Siegman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — 1. *Years,* — 3 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Williamsport Avenue

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery James A Steuart M. D.

Date of Burial, Aug. 30 1875 Medical Attendant.

{ *Undertaker,* C J Krouse Address Comm. of Health

{ *Place of Business,* 209 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th Aug 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Murray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 14 *Days.*

Color, *Sex,*

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 114 West St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 114 West St

Cause of Death, {First (Primary,) Second (Immediate,)} Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Geo. W. Brown M. D.

Date of Burial, Aug 30 1875 Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address* 44 Hanover City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th Aug. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma S. Richards

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number.} 103 W. Fayette St.

Cause of Death, First (Primary,) ———

Second (Immediate,) Diabetes

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 31 / 75

Undertaker, Wm H. Tuckman

Place of Business, 1234 W. Gay

H. W. Ominus M. D.
Medical Attendant.

Address 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th 4 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Schleicher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* one *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, at the Cisler House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 202 N Eden str

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Paralysis of the Brain

Duration of Last Sickness, five days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 31, 1875

Undertaker, Henry Koch

Place of Business, 31 S Eutaw st

Dr Winternitz M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine Beiter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* 7 *Months,* 14 *Days.*

Color, white *Sex,* female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kur-Hessia, Germany

Duration of Residence in the City of Baltimore, about 2½ years

Place of Death, {Give street and number.} No 241 N. Bond st.

Cause of Death, First (Primary,) Hypertrophy of Heart, Dilatation of left ventricle

Second (Immediate.) Semilunar valves — valvular

General Dropsy

Duration of Last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery C. J. Kluber *M. D.*

Medical Attendant.

Date of Burial, Aug 31st/95

Undertaker, Geo. Schilling *Address* 222 N. Broadway

Place of Business, cor Fairmount & Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Margaret Buckley.

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, Sixty *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Always in Balto

Place of Death, { Give street and number. } St Agnes Hospital

Cause of Death, { First (Primary,) Apoplexy. / Second (Immediate,) }

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, August 30th 1875

{ *Undertaker,* Joseph F Byrne / *Place of Business,* 54 n Liberty st } *Address*

Henry P Smith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rhoda Kelmen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge, Maryland.

Duration of Residence in the City of Baltimore, About 40 Years

Place of Death, {Give street and number.} 129 Mc Culloh St Balto Md

Cause of Death, First (Primary,) Sinking of the brain

Second (Immediate.) Apoplexy

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 31st, 1875

Undertaker, John C Worden

Place of Business, 43 Park Ave. *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. K. Linnwall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, {Give street and number.} University Hospital - Green & Lombard Sts.

Cause of Death, First (Primary,) Chronic Pleurisy

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, August 30th 1875

R. B. Morrow M. D.
Medical Attendant.

Undertaker, Jacob Keener

Place of Business, 1860 Saint Paul Street

Address University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Aug 29 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Fiehr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 Weeks *Months.* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 1 E. Air Between Chas & Prob Sts

Cause of Death, First (Primary,) Cranitis

Second (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, German Ct. Matthews

Date of Burial, 31 August 1875

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice-Anne

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5163,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Lee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* —— *Days.*

Color, Blk *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne A. Co Md

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 63 Pin Alley

Cause of Death, First (Primary,) Chol. Infantum

Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field Ernest Steuart M. D.

Date of Burial, Augt 30th 1875 ~~Medical Examiner~~

Undertaker, M. H. C. Perry *Address* Commiss of Health

Place of Business, 448 Pratt St & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Alexander Thomas — Cousin —

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Smith Justis

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, seven *Years,* four *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 47 Bank St. Balto.

Duration of Residence in the City of Baltimore, 7 yrs 4 Months

Place of Death, {Give street and number.} No 47 Bank St. Balto.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Gastritis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Dr. Atkinson

Date of Burial, Aug 30 75

Undertaker, Michael Finn

Place of Business, No 33 Bank St.

Charles Bayley *M. D.*
Medical Attendant.

Address 75 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Heidtke.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 5 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Patapsco River

Cause of Death, First (Primary,)

Second (Immediate,) Accidentally drowned.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western P. Field

Date of Burial, Aug 29th

Undertaker, H. H. C. Kerr

Place of Business, 414 N Eden *Address*

Geo G Ogle Connor *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roy Grahm Reid

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* 2 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 N. Gilmor St Balto Md

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 31st 1875

J. R. Ahler M. D.
Medical Attendant.

Undertaker, Henry Wilcard

Place of Business, 64 N Gay St *Address* 234 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry McGann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 9 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} House of Refuge

Cause of Death, First (Primary,) Otitis Inflammatis

Second (Immediate.) Meningitis

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, 30th Aug.

Undertaker, I H Mann

Place of Business, Fayette St

H. D. Mynard M. D.
Medical Attendant.

Address 112 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schoepplein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62. *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boot Fitter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 31 years

Duration of Residence in the City of Baltimore, 54. Register St. Balto

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Hydrothorax

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Aug 31

Undertaker, Geo Lind Bigge

Place of Business, Broadway

J. M. Carter M. D.

Medical Attendant.

Address 385 West Fayette St Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Granville Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 7 *Days.*

Color, Black. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} And.

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 6. Plum alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 Weeks,

All the above information ought be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 30 75

Theodore Lord M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 198 S Howard st *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph V. Carlton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* ——— *Days.*

Color, Black *Sex,* male

Married, ~~Single, Widow or Widower~~, {~~Cross out the words~~ not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 312 Durham St

Cause of Death, {First (Primary,) Scrofula

{Second (Immediate.) 22 Days

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery,

Date of Burial, August 30th 1875

{*Undertaker,* W. H. Dunnell.

{*Place of Business,* 104 East St. *Address*

J. B. Gwynn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

mit No. 5171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Kuerin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* ——— *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 13 Cambridge St

Cause of Death, First (Primary,)

Second (Immediate,) Chol. Infantum

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus James F. Stewart M. D.

Date of Burial, Augt 30th 1875 ~~Medical Attendant.~~

Undertaker, John Brauer Address Commrs of Health & Registrar

Place of Business, 77 S. Wolf St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Interred by John Brauer Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30th August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hood

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 S. Calhoun

Cause of Death, First (Primary,) (Was not called, the child was premature

Second (Immediate,) Convulsions

Duration of Last Sickness, About two hours

All the above Information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Aug 30

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St

John Hood M. D.
Medical Attendant.

Address 234 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hedwig Darling

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Seven~~ *Years,* Seven *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 218 N Eden St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 31 1875

Undertaker, Geo Schilling

Place of Business,

Milton A. Taylor M. D.
Medical Attendant.

Address 101 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 75 (conway)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Conway

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 10 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 59 Bueu- St

Cause of Death, {First (Primary,) Agueis - {Second (Immediate,) 5 Days -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 30th 1875

Undertaker, Charles F. Herbert

Place of Business, 161 Hanover St

Lewis Steiner M. D.
Medical Attendant.

Address 138 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Weltner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* _____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life Residence

Place of Death, {Give street and number.} 84 N. Schroeder St.

Cause of Death, {First (Primary,) Scarlatina Maligna

Second (Immediate.) Four days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 31st

Undertaker, George Bauer

Place of Business, 826 west Baltimore St.

Samuel J. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29 /75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ferdinand Heine

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 42 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Physician

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, { Give street and number. } 102 S Bond

Cause of Death, { First (Primary,) General Peritonitis

{ Second (Immediate.)

Duration of Last Sickness, I visited the patient only Twice

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 31 st 1875

H Grant Hamrod M. D.
Medical Attendant.

{ *Undertaker,* [redacted] Hughes & Co

{ *Place of Business,* 60 & 62 Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3777

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Geo. A. Wilkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Tinner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No 385 W. Franklin St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate.) 2m Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 31st 1875

E. M. Wilson M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver

{*Place of Business,* No 496 Druid Hill Ave *Address* 287 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

Date of Death, Sunday August 29th 8 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Gabel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Steinbrun - Germany

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 194 E. Chapple

Cause of Death, First (Primary,) Typhoid Fever -

Second (Immediate,)

Duration of Last Sickness, 5 Weeks - Attended 3 Weeks by

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, August 31st 1875

Undertaker, George Stockbridge

Place of Business, 339 Canton Av

James C. Donnelly M. D.
Medical Attendant.

Address 398 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5179

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Kornecke

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, one *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 100 Hanover St

Cause of Death, { First (Primary,) Chronic Croup

{ Second (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. Edward Miller M. D.

Date of Burial, Aug. 31st 75 Medical Attendant.

Undertaker, H. France

Place of Business, 1615 Canton Ave Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 5180

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elizabeth Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 mos *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 60 Cow Alley nr. Mulberry

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Sharpe Street Bur.

Date of Burial, Augt. 31st 1875

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, McCaull & Bro

Place of Business, Saratoga near Howard *Address* 53 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 5781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Martin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} 507 N Fayette St

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Aug. 31 75

Undertaker, J. B. Backiston & Son

Place of Business, 606 W. Balt St.

W Hammond M. D.
Medical Attendant.

Address 52 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Clarksy

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Dont Know

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Inst. Little Sisters of The Poor

Cause of Death, {First (Primary,) Hemorrhage / Second (Immediate,)

Duration of Last Sickness, A few minutes

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemy Jno. Burke Boyle M. D.

Date of Burial, Augt 31 1875 Medical Attendant.

Undertaker, H. Schultheis *Address* 174 E. Eager St.

Place of Business, 261 Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5783,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Evening Aug 29th 11 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred A Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 85 Elliott St

Cause of Death, First (Primary,) Remnant of

Second (Immediate,) Ulceration of Bowels

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, Aug 31st 1875

J C Richards M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 & 67 Broadway Address 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 75,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nettie A. Crawford,

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 10 *Years,* 6 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 232 N Calvert St

Cause of Death, { First (Primary,) Chronic Diarrhea, / Second (Immediate,) Exhausted, 5 Months,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemtry

Date of Burial, September 1st 1875

{ *Undertaker,* John H. Weaver

{ *Place of Business,* #22 W. Fayette St *Address*

John A. Frazer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emma Thomas Green

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 3 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number.} 602 Exeter Street

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,) ~~3 weeks~~

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, ~~Sept~~ 1st 1875

Undertaker, Jacob Grover

Place of Business, 4-6 Ross Street.

Geo. B. Reynolds M. D.
Medical Attendant.

Address 34 N Wolcott

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5186,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Albert Ward Claus

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ____ *Years,* 1 *Months,* 20 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 19 Chesapeake St Balto

Duration of Residence in the City of Baltimore, 9 m Do Do

Place of Death, {Give street and number.} No 19 Chesapeake St Balto

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Abscess

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 31 1875

E. Jones Williams M. D.
Medical Attendant.

{*Undertaker,* R. L. Brown
Place of Business, 281 E Balto St

Address No 33 East St Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Cert. No. 5787

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 31st 1875

M. D.
Medical Attendant.

{ *Undertaker,* P. Kimmel
Place of Business, 317 Hanover St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE

Date of Death, Aug 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Gassaway

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* *Days.*

Color, *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Burgundy Alg. S. of Cross St.

Cause of Death, First (Primary,)

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, August 31. 18

R. J. N. Tall M. D.
Medical Attendant.

Undertaker, H M Gibmyer

Place of Business, 341 Canton ave

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora L Ludes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* 16 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 378 W Lexington St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 491 Lexington St.

Cause of Death, First (Primary,) Scarlatina Malygna

Second (Immediate.) Uraemic Convulsions (24 hrs)
Scarlatina Nephritis

Duration of Last Sickness, 5 Days (Unknown)

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 31

Undertaker, J B Cook

Place of Business, 707 W Baltimore St *Address*

A. H. Shipton M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorraine Annie Dorrenberger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 8 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 24 Pearce St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Pearce St

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemet

Date of Burial, Sept 1

W. R. McKinnon M. D.

Medical Attendant.

Undertaker, J H Cook

Place of Business, 707 W Baltimore. Address 502 W. Fayette St

---

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 5191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Edelman

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number. } 87 S. Register St.

Cause of Death, { First (Primary,) Typhoid Fever

Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, August 31.

Undertaker, Peter Fritz

Place of Business, 91 Eastern Av

A. H. Erich *M. D.*
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 3792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Moore

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 43 North Sharp St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 1st 1875

Undertaker, William H. Dugan

Place of Business, 110 104 East 17.

D Harvey Gill M. D.
Medical Attendant.

Address 90 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Patrick Jones Morris.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 10 days.

Place of Death, {Give street and number.} Cor. Boundary Avenue. & Park Lane

Cause of Death, First (Primary,) ~~Physician~~ Tetanus Traumaticum

Second (Immediate,) Tetanus Traumaticum.

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, August 31st 75

Undertaker, Chas. T. Scriven

Place of Business, 174 N. Eutaw St *Address*

D. R. Dorsey *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Joseph Henderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* 9 *Months,* 15 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Maryland.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 10 Jones Court

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St B. Yard

Date of Burial, Aug 31st 1875

Francis A. Sauer. M. D.
Medical Attendant.

{*Undertaker,* John W. Looker
Place of Business, 65 South Wm St Address 133 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

mit No. 5795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marlin V Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va.

Duration of Residence in the City of Baltimore, 16 Mo

Place of Death, {Give street and number.} No 5 Inn Alley

Cause of Death, First (Primary,) Injury from a fall

Second (Immediate.) Congestion of Chest

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallis st B. Ground

Date of Burial, Aug 31st 1875

I only saw him once when dying

E J Way M. D.
Medical Attendant.

Undertaker, John W Lacky

Place of Business, 05 & Wolfe st Address 335 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5196

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kennedy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rochester Co. Me.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 232 Montgomery St.

Cause of Death, First (Primary,) Dysentery

Second (Immediate.) Asthenia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Sept 1st 1875

Undertaker, Armstrong & Army

Place of Business, 212 Montgomery St Light St

Jno. R. Spicer M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 9 Am. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Joseph Hendricks

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 10 *Years,* 6 — *Months,* — *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 284 Canton ave

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) do

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Ennon Cem. Chas Johnson M. D.

Date of Burial, Sept 1st 75 Medical Attendant.

Undertaker, H. France

Place of Business, No 280 Canton Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

mit No. 5198

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arnetta Bernhardt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, Dark Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} No 73 Union st

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral B Ground J. F. Bohrer M. D.

Date of Burial, September 1st 75 Medical Attendant.

Undertaker, ~~J. J. Chalmers~~ Family

Place of Business, ~~128 W Balto st~~ *Address* Cor Dolphin & Regester

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Burke

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, One (1) *Years,* Eleven (11) *Months,* Nineteen (19) *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 44 Burke st.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Convulsions

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cemetery

Date of Burial, September 1st 1875

G. L. Wilkins M. D.
Medical Attendant.

Undertaker, H. M. Gibney

Place of Business, 311 Eastern Ave.

Address 6 P. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

nit No. 52110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

Date of Death, August 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Virginia Mills

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* 28 *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S.E. Cor Hollins & Sofbeans Sts

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery H. L. Spain *M. D.*

Medical Attendant.

Date of Burial, Sept 1st

Undertaker, Wm H Leonard 379 W Conway St

Place of Business, 792 W Balto St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to list of diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

Date of Death, Aug. 31st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas F. Conley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 13 Prices Place

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Sept. 1st 1875

S. H Hunter M. D.
Medical Attendant.

Undertaker, Geo C Rodenmayer *Address* 111 Greenmount Ave.

Place of Business, 38 Eaton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ottoline von Dornum

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* 4 *Months,* 12 *Days.*

Color, *Sex,* female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 928 Alice Ann Str:

Cause of Death, First (Primary,) Cancer uteri & recti

Second (Immediate,) inanition

Duration of Last Sickness, 2 month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemmtry

Date of Burial, Sep 2. 10 clk

Undertaker, L. Boyer

Place of Business, 78 Broadway.

L Ellsworth M. D.
Medical Attendant.

Address 137 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

mit No. 1203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

Date of Death, August 31st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware Co. Pennsylvania

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} No 14 McHenry St.

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, Attended one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 1

Undertaker, J Bond

Place of Business, 707 W. Balto St

Jno H Edwards M. D.
Medical Attendant.

Address No 15 McHenry St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Hunt

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 247 S. Dallas St

Cause of Death, {First (Primary,) / Second (Immediate,)} Summer Complaint

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Slagels B. G

Date of Burial, Sept 2nd 1875

Undertaker, Parents

Place of Business, ———

Samuel Steinmetz M. D.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Frederick Hunt Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Philip Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* 7 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 244 E. Chase st.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cem Dr. Peter Daush M. D.

Date of Burial, Septr 2d 1875 Medical Attendant.

Undertaker, Henry Fleck Address 624 E. Broadway

Place of Business, 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3206,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wraxton R Slancy

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 46 *Years,* 10 *Months,* *Days.*

Color, Wh *Sex,* M

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Gas Fitter & Plumber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 25 Holland st Balto

Cause of Death, First (Primary,) Disease of the Heart.

Second (Immediate,)

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 2nd 75

I Ridgway Andre M. D.

Medical Attendant.

Undertaker, Geo Schilling

Place of Business, cor e Lexington & Monument st Address No 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...rmit No. 5207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotta Davis.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 5 *Months,* 24 — *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} N. Dallas near Fayette

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, September 1st 1875

Abram M. Elwood M. D.
Medical Attendant.

Undertaker, William Langley

Place of Business, 100 East St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

Date of Death, August 31st 10 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Stuart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 114 Gallow st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, Sept 2, 1875

Undertaker, William H Lunger

Place of Business, 100 East St

L. J. Chaloat *M. D.*
Medical Attendant.

Address 118 East Lagall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac... ...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31 '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Hutchison,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* — *Months,* — *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 8 weeks

Place of Death, {Give street and number.} 63 N. Exeter

Cause of Death, {First (Primary,) old age
Second (Immediate,) Gastro Intestinal Catarrh)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemtry

Date of Burial, Sept 2nd 1875

Undertaker, John S. Weaver

Place of Business, #22 W. Fayette St

Wm R Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Catherine Barrett.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1. *Years,* 2. *Months,* 14. *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 373. S. Eutaw St.

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Acute Bronchitis

Duration of Last Sickness, Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. J. H. Tall M. D.

Date of Burial, Sept 1th 1875 Medical Attendant.

Undertaker, Julius Kochler *Address* 158 S. Sharp St.

Place of Business, cor Sharp & Cross st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

mit No. 5211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1875

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Carter

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 85 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 75 Years

Place of Death, { Give street and number. } Corner of Watson & Covington

Cause of Death, { First (Primary,) } Age & Debility
{ Second (Immediate.) } General

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 3rd 1875

H. Stobb M. D.
Medical Attendant.

{ *Undertaker,* Charles F. Herold
{ *Place of Business,* 161 Hanover St *Address* 17 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Dorothea Müller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days.*

Color, W *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Crussen Schwarzburg-Sondershausen Germany

Duration of Residence in the City of Baltimore, 386 Light St. 15 years. Baltimore

Place of Death, {Give street and number.} 386 Light St.

Cause of Death, First (Primary) Endocarditis

Second (Immediate.) Hydrops

Duration of Last Sickness, eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Adolph J. Boehm, M. D.

Date of Burial, Sept 2 d. Medical Attendant.

Undertaker, H. Brice.

Place of Business, 4 Exeter St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5213,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1875 BALTIMORE

Date of Death, Sept 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Lee,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nurse-Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Epilepsia.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Unknown

All the above information should be furnished by the undertaker.

Place of Burial, Cathedral Cemetery ~~Potters Field~~

Date of Burial, Sept 1st 1875

Undertaker, H. Donovan

Place of Business, 6 Bank St

A. L. Wolfe M. D.

Medical Attendant.

Address Washington University

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jeannie McClennan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Nineteen *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 259 W Saratoga st

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Rufus Buckler M. D.

Date of Burial, Sept 2nd 1875 Medical Attendant.

{*Undertaker,* Jacob Weaver

{*Place of Business,* 4 & 6 Druid Hill Ave *Address* 135 N Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Bond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* ——— *Days.*

Color, Blk *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Balto City

Place of Death, {Give street and number.} 46 Davis St

Cause of Death, {First (Primary,) Scarlet.
Second (Immediate,) Dropsy

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemty *James A Steuart* M. D.
Medical Attendant.

Date of Burial, Sept 1st 1875

Undertaker, S. W. Chase *Address* Commis of Healths
Place of Business, S. Eutaw St Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Sarah Turpin Grand Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L Ford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Fireman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} University Hospital - Green & Lombard Sts -

Cause of Death, First (Primary,) Typho-malaria

Second (Immediate,) Asthenia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, Aug 31st

Undertaker, M. M. & Bro

Place of Business, 448 W Balto

R. B. Morison M. D.
Medical Attendant.

Address University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Thorn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Colored *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 52 Wilkens st

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Collapse

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery W. M. Gallagher M. D.

Date of Burial, Sept. 2d, 75. Medical Attendant.

Undertaker, Samuel H. Chase *Address* 116 S. Paca St

Place of Business, 1112 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...air.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1878

CERTIFICATE OF DEATH.

Date of Death, Baltimore August 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Ellen Palmer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Five Months, Days.

Color, Colored *Sex,* Female child

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Five Months

Place of Death, {Give street and number.} No 128 Lee St

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate.) Tubercular Meningitis.

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 1. 1878

Undertaker, Samuel W Chase

Place of Business, 181 Hanover St

J. D. Keyser M. D.
Medical Attendant.

Address No. 146 Hill St
Baltimore
Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on bac... ...rate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Anna Alberta Hadnut

~~Sex, Male~~ or Female, {Cross out the word not required in this line.} Female

Age, One Years, Seven Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} East Monument Sht.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 31st August.

Undertaker, W. J. Dill

Place of Business, Columbia St 183. *Address* 216 Mulberry St.

S. E. Farn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 1 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Dahlweiner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 52 *Years,* 1 *Months,* 17 *Days.*

Color, White *Sex,* —

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation, — at home

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hanover (Kingdom), Germany

Duration of Residence in the City of Baltimore, Thirty-three years (about)

Place of Death, { Give street and number. } 143 Raborg St

Cause of Death, { First (Primary,) Peritonitis (asthenia)
{ Second (Immediate,)

Duration of Last Sickness, Four and half days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, September 2nd 1875

C. C. McDowell M. D.
Medical Attendant.

Undertaker, Adam. Weidemeyer *Address* 290 Madison Ave

Place of Business, 578½ W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. N. Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three Years, Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Three Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 173 Aisquith St. Baltimore

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, L. H. Greenmount

Date of Burial, Sept 1st 1875

Undertaker, Method B. Co

Place of Business, Fayett St

D. A. Glisan M. D.

Medical Attendant.

Address 163 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5222,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Morrison S. Roberts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 135 Melrose alley

Cause of Death, {First (Primary,) Meningitis

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 1

{*Undertaker,* John C Jordon

{*Place of Business,* 63 Park Ave

R. M. Hall M. D.

Medical Attendant.

Address 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...cate.

Board of Health, City of Baltimore,

Permit No. 5223

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Scott Brundage

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 33 Hanover St

Cause of Death, First (Primary,) Indigestion Cholera Infantum

Second (Immediate,) " = =

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 2 - 1875

John D Pennington M. D.
Medical Attendant.

Undertaker, J B Blackiston & Son

Place of Business, 606 Balto St *Address* 210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ... ...cate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...rmit No. 5224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Sprigg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole Life time

Place of Death, {Give street and number.} 76 Chesnut St

Cause of Death, First (Primary,) I saw him only Eight hours before death; believe it to have been Typhus Fever

~~Second (Immediate,)~~

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Sept 1st 1876

D Webster Cathell M. D.
Medical Attendant.

Undertaker, William A Lamar

Place of Business, 11 10½ East Pratt

Address 11 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o... ...ate.

Board of Health, City of Baltimore,

Permit No. 3225

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie Rickh.

Sex, ~~Male or Female~~ Female, {Cross out the word not required in this line.}

Age, 1. *Years,* 1, *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 197. Light St

Cause of Death, First (Primary,) Bilious Fever

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Pennsylvania

Date of Burial, September 2nd 75

Undertaker, Chas H. Herold

Place of Business, 161 Hanover St

Herbert Reese M. D.
Medical Attendant.

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 203

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gobin Henry Thomas

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 2 8 *Days.*

Color, col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 16 Burgundy Cy

Cause of Death, First (Primary,) Gastritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2.

W. W. Cotthen M. D.
Medical Attendant.

Undertaker, James Mears

Place of Business, No 12 Sanatogan *Address* 166 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 6 *Months,* 24 *Days.*

Color, col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 29 Elbow Lane

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Pulmonary Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2

C. W. Bolton M. D.
Medical Attendant.

Undertaker, James H Dare

Place of Business, No 12 n Sanatoga st

Address 166 N Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ermit No. 5228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Winter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 4 *Months,* *Days.*

Color, Dark Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} 37 Patterson

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Pleurisy in Chest

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Sept 2

Undertaker, James H Dais

Place of Business, No 12 Sanatoga

R F Bowie M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5229.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT SEP 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm McKinney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 20 *Days.*

Color, *Sex,*

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 19 months 20 days

Place of Death, {Give street and number.} 220 N Durham st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.) Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wm. L. McKinney M. D.

Date of Burial, Sept 2. 4 O'Clock Medical Attendant.

Undertaker, Geo C Rodenmayer

Place of Business, 38 Eden st Address 1 Broadway & Madison st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st September, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Hoeckinger

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 7 *Months,* 20 *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 74 Columbia St.

Duration of Residence in the City of Baltimore, 1 yr 7 mos 20 Days

Place of Death, {Give street and number.} 74 Columbia St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera Infantum.

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Oak. Cemetery. A. H. Kidell, M. D.

Date of Burial, Sept 3rd Medical Attendant.

Undertaker, H. J. Tiemeier

Place of Business, 65 S. Eutaw St *Address* 231 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5231,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Addie May Sidiman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 16 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Back city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 439 Hanover st.

Cause of Death, {First (Primary,) Second (Immediate,)} Curvature Spinal Incomplete

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, September 2nd 1875

Undertaker, Charles E. Herold *Address* 76 Pratt

Place of Business, 161 Hanover st,

J. N. Berney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 2 3 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31 st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Augustus Henry Kurne

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Fifty-Six (56) *Years,* Three (3) *Months,* Four (4) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Hat & Buck-Laper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No. 66 S. Broadway

Cause of Death, { First (Primary,) Obstruction (Cancer) * Second (Immediate,) Exhaustion

Duration of Last Sickness, About One Year (1 Year)

All the above information should be furnished by the Physician.

Place of Burial, Green Mount C. L. Phil. Rite

Date of Burial, Sept 2 1875

Undertaker, [illegible]

Place of Business, 251 E Baltimore *Address* 60 S. Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Shaner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 Cambridge St

Cause of Death, First (Primary,)

Second (Immediate,) ~~Effusion of~~ Heart disease

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery James H Neal M. D.

Date of Burial, Sept 3rd 1875

Undertaker, Henry Sonder Address Commrs of Health

Place of Business, Canton Ave & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Shaner Father

No.

...ntion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susannah B. Bleiling

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 8 *Months,* 15 *Days.*

Color, *Sex,*

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 154 E Monument st

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 5 weeks + 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 3rd/75

E. A. Baldwin M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor Bayard & Monument st

Address 124 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...tion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5225.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeanne E. Waller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 149 S. Broadway

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep. 3, 1875

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

James E. Donlee **M. D.**
Medical Attendant.

Address 299 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5236.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Thurlow.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 48 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number.} 239 So Broadway

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, ?

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery *Signature* Ernest Stewart M. D.

Date of Burial, Sept 3. 1875 ~~Medical Attendant~~

Undertaker, Wm Daiger *Address* Com: of Health

Place of Business, 74 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

According Surgeons Information from Undertaker

No.

...tention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marcus L. Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty *Years,* three *Months,* Twenty four *Days.*

Color, Mulatto *Sex,* Male

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, About twelve years

Place of Death, {Give street and number.} # 21 Norris alley

Cause of Death, First (Primary,) Hereditary disposition

Second (Immediate,) Tuberculer Meningitis

Duration of Last Sickness, Confined to bed about one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemet. James L. Kirkwood M. D.

Date of Burial, the 2d of Sept. Medical Attendant.

Undertaker, J. Rummel.

Place of Business, 317 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...tion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5238.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles J Talley

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 28 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Smith.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} 128 Franklin St

Cause of Death, First (Primary,) Fall from Roof - General injuries

Second (Immediate,) Concussion of Brain

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 2 nd 1875

Richard McSherry M. D.
Medical Attendant.

Undertaker, Joseph F Byrnes *Address* 189 W Hoffman

Place of Business, 59 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Mc Neir

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, { First (Primary,) Diarhoea —
Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, September 2nd 1875

{ *Undertaker,* James P Byrne
Place of Business, No 63 N Front St

Edwd L. Michelsand M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} 20 Gusto St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Ursulas Cimitery

Date of Burial, September 2d 1875

Wm. J. Cotton M. D.
Medical Attendant.

Undertaker, H. H. Tibmyer

Place of Business, 341 Canton Av. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...ntion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 1st. 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Allice E. Wigley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65. Hanover St.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Sept 2nd "

Louis C. Horn M. D.
Medical Attendant.

Undertaker, J. B. Blackiston & Son *Address* 226 Mulberry St.

Place of Business, 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1, 1875 (Day)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John S Jary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 36 Warren st

Place of Death, {Give street and number.} 36 Warren st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two week

All the above information should be furnished by the Physician.

Place of Burial, Bull. Cemetery

Date of Burial, Sept 3 to 1875

H H Webster M. D.
Medical Attendant.

Undertaker, Armstrong & Deny

Place of Business, 263 Light St *Address* 57 Barney

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5243

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Stuart Mullikin

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male.

Age, ——— *Years,* 6 *Months,* 12 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 6 and 12 days.

Place of Death, {Give street and number.} N. E. Cor- Townsend & Stricker sts.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) "

Duration of Last Sickness, About a week. 6 or 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, September 3d 1875

Elias C. Price & Son M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 46 Druid Hill Ave *Address* 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2d September 1875. 2 o'C. A. morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kordonsky

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* 9 *Months,* ~~~ *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life since

Place of Death, {Give street and number.} S.E. corner of Broadway and Thames St.

Cause of Death, { First (Primary,) Hydrocephalus Chronicus
Second (Immediate.) } 4 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Lutheranus Cemetery Wm. Henkel M. D.
Medical Attendant.

Time of Burial, Sep. 3 d.

Undertaker, H. Diffel Address S. Wolfe St. 117.

Place of Business, South Bond st. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the person who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate containing, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the place and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5215

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tom Gordon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* *Days.*

Color, Col *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Clover alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 15 Howard Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 3rd 1875

C B Gaulden M. D.
Medical Attendant.

Undertaker, William A. Lamore.

Place of Business, No 104 East St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 52,116

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52,116

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Benjamin Tabbs.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 51 *Years,* 7 *Months,* *Days.*

Color, Colored. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Drayman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hancock. Md

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give street and number.} No 7. Ross St.

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) "

Duration of Last Sickness, — —

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St

Date of Burial, September 3

{ *Undertaker,* John C Jordon
{ *Place of Business,* 63 Park Av

Albert Stephens. M. D.
Medical Attendant.

Address 30 N. Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Moser

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 151 Burgunda St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 3rd 1875

Undertaker, T. H. Tull

Place of Business, 90 S. Howard St *Address*

G O'Donovan *M. D.*
Medical Attendant.

Address 84 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12893

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52,18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Schmidtberger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 22 years

Place of Death, {Give street and number.} 63. S. Howard St.

Cause of Death, First (Primary,) Cancer of Face

Second (Immediate,) do

Duration of Last Sickness, 15 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 3rd 1875

Undertaker, F. D. Troll

Place of Business, 90 S. Howard St

M. D.
Medical Attendant.

Address St. E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 32114

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32119.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2 / 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Flannagan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U S

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 2 Columbia St

Cause of Death, {First (Primary,) Diptheria
Second (Immediate,)

Duration of Last Sickness, Four (4) Weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 3d 1875

{*Undertaker,* John Hatcher
{*Place of Business,* No 15 D Camden *Address* 192 Pratt St

W W Sutton *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER

No. 5250

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 5250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wade Henry Lamb

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 10 mos. 8 days

Place of Death, {Give street and number.} No 151 Bank St. B.C.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore County~~ London Park Cemetery

Date of Burial, Sept 4th 1875

Jno. L. H. Hamlin M. D.
Medical Attendant.

{*Undertaker,* G. W. Deane / *Place of Business,* 163 West Baltimore st} *Address* No 203 N. Low[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5251

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5251

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 2 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Frisby

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, *Years,* 5 *Months,* — *Days.*

Color, Black *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 61 Liberty St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 61 Liberty St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Convulsions

Duration of Last Sickness, abt 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 3. 1875

Undertaker, S. H. Chase

Place of Business, 148 S Howard St *Address* 23 S. Eutaw St.

T. D. Owens *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3230

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Becky Curry

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} ....

Age, 2 *Years,* 7 *Months,* ~~*Days.*~~

Color, Black *Sex,* Female

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

~~Duration of Residence in the City~~ of Baltimore, 2 Barclay St

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate.) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery H A Spence M. D.

Date of Burial, Sept 3 1875 Medical Attendant.

{*Undertaker,* W H Chase & Co *Address* 57 & 59 Lombard St

{*Place of Business,* 96 98 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Cromwell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days.*

Color, Colored

Sex, Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline St Ballo'

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Raborg

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 3 75

Undertaker, S. A. Chase

Place of Business, 192 S. Howard St

H. A. Baker M. D.
Medical Attendant.

Address 43 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and [illegible]s of illegitimate children.

[OVER.

No. 52254

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52254

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} A & Co. Md

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} 213 E. Hughes St.

Cause of Death, First (Primary,) Running nail in his foot,

Second (Immediate,) Lockjaw,

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 3rd 1875 Thos Bond M. D.

Medical Attendant.

Undertaker, S. McShane

Place of Business, 1929 Thames *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 5255

Board of Health, City of Baltimore,

Permit No. 5255

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 3. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, In Institution 2 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) atrophy

Second (Immediate,) convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 4, 1875

Undertaker, Jas L. Chalmers

Place of Business, 262 Penn a Ave

Martin Brown, M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

Permit No. 5256

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Traverse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, Blk ——— *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 248 Cross St

Cause of Death, First (Primary,) ———

Second (Immediate,) Chol Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, Sept 3rd 1875

Samuel Steuart, M. D.

{*Undertaker,* M. H. Perry

{*Place of Business,* 448 W. Pratt St *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Elijah D. Brannett next friend

[OVER.

No. 52

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

5237

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5257

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 de Sept 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Slaub

~~Sex~~ *Male or* ~~*Female*~~, { Cross out the word not required in this line. }

Age, 64 — *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria Bavaria

Duration of Residence in the City of Baltimore, 26 Yrs

Place of Death, { Give street and number. } Hazlehurst's Court & Las Lane

Cause of Death, { First (Primary,) " Cold'c
Second (Immediate,) Pecasdial Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sept 4th 1875

Undertaker, C. F. Krause

Place of Business, 209 Hanover st

A. W. Dodge M. D.
Medical Attendant.

Address 207 Hanover St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

Permit No. 5258. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Chesley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House - wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~20 Years~~ Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 434 Lombard St (West)

Cause of Death, First (Primary,) Inflammation of bowels

Second (Immediate,) " " "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 5th

Undertaker, Wm H Leonard

Place of Business, 782 W. Baltimore st

John D Pennington M. D.
Medical Attendant.

Address 210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Williams Wentz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 mo. *Months,* 17. *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Horn Street.

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Intense inflamation

Duration of Last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathai Cem't. C. J. Kluber *M. D.*

Date of Burial, Sept. 4. 1875. Medical Attendant.

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden St. *Address* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 31 August 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lidann Larne

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* ~~Months.~~ ~~Days.~~

Color, Calard *Sex,*

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Washing & Iron

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Stath P. a.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 7 Chim St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laural Cematry

Date of Burial, Septemb 2 1875

Undertaker, Jamm H Davis

Place of Business, Loratayan St No 25

H Hunt C M. D.

Medical Attendant.

Address No 99 north St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. ~~X~~ 5261

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 day of ~~Nov~~ September

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Sallie

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 78 *Years,* 1 *Months,* 14 *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, Tradesman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Solothurn Schweitzerland.

Duration of Residence in the City of Baltimore, twenty one years.

Place of Death, {Give street and number.} Baltimore ~~Baltimore~~ No 214. Canton ave

Cause of Death, First (Primary,)

Second (Immediate,) Old age

Duration of Last Sickness, 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetrie

Date of Burial, Sept 4th 1875 I have not attended her Hamel M. D.

Medical Attendant.

Undertaker, Wm Hackman

Place of Business, 26 Bank St *Address* ~~26 Bank St~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Murray

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, Blk *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 197 French St

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Summer Complaint

Duration of Last Sickness, 2 weeks -

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Sept 4th 1875 — James H Steuart M. D.

{*Undertaker,* M. Donovan

{*Place of Business,* 6 Bank St *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by George Murray father —

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5263

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 2d. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis C. Faupel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 152 N. Caroline

Cause of Death, First (Primary,) Died from effects of blow on

Second (Immediate,) the fist upon the stomach

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 5th 1875

Undertaker, Wm Fry

Place of Business, N. Broadway Address 76 S. Exeter

Thos. Kelly M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Wm. Schrüchling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 4 yrs

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} 907 W. Balt st

Cause of Death, First (Primary,) Malignant Malarious Fever

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, September 4th

Geo. H. Dare M. D.
Medical Attendant.

Undertaker, P. Kimmet

Place of Business, 911 Mulberry St. *Address* 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emmy Draper Oliver

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 8 10 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 8 mo

Place of Death, { Give street and number. } 231 Preston St

Cause of Death, { First (Primary,) Intercular Meningitis

Second (Immediate,)

Duration of Last Sickness, 2 weeks & 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, September 5th

{ *Undertaker,* P. Kummert

{ *Place of Business,* 317 Mallory St.

R. Winslow M. D.
Medical Attendant.

Address 28 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mc Gehan

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, {First (Primary,) Drainhead

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, September 4th 1875

John F. Luckett M. D.
Medical Attendant.

{*Undertaker,* James P. Byrne
{*Place of Business,* No 69 Dr Street *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8267

The Physician who attends any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jones

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* *Months,* 23 *Days.*

Color, col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East 21

Cause of Death, First (Primary,)

Second (Immediate,) Diarrhea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 5th 1875

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Wm. C. Duncan

Place of Business, No 124 East St.

Address 124 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 4
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses Gardner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Hostler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 145 Chesnut St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, burial ground Mount Zion Balto Co

Date of Burial, Sept 4th 1875

Undertaker, William A. Dungee

Place of Business, No 104 East St.

D Webster Caldwell M. D.
Medical Attendant.

Address 14 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5269

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3d, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. J. Davis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Block & Pump Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore City Jail

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Congestion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 4th 1875

Thos. Kelly M. D.

~~Medical Attendant.~~ Coroner

Undertaker, John D. Weaver

Place of Business, ~~#~~ 22 W. Fayette St *Address* 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~September~~ 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Lehmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. Corner Fayette & Frederick

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 5th 1875

G. Lehmann M. D.
Medical Attendant.

Undertaker, John D. Weaver

Place of Business, #22 W. Fayette St Address 58 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

Permit No. 5271

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Kotalik

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 24 Barnes Street

Cause of Death, {First (Primary,)

{Second (Immediate,) Convulsions

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 4th 1875

James A Steuart M. D.

{*Undertaker,* Henry Hoeck

{*Place of Business,* 309 N. Central Av *Address* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Hoeck Undertaker

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d Sept. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Stevens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 7 Woodberry

Cause of Death, First (Primary,) Tuberculosis of

Second (Immediate,) Meningitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery John Abell M. D.

Date of Burial, Sept 4 Medical Attendant.

Undertaker, W. M. Leonard

Place of Business, 782 W. Baltimore *Address* 234 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 3278

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thurlow.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty three *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} No 126 Bank St.

Cause of Death, First (Primary,) Angina Pectoris.

Second (Immediate.)

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 6th 1875.

Undertaker, Hughes & Co

Place of Business, 658 Broadway

Nicholas L. Dallam M. D.
Medical Attendant.

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Herron.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore. Since birth.

Place of Death, {Give street and number.} S. E. cor. 16th Eldersly & Duncan Ave.

Cause of Death, First (Primary,) Convulsions

Second (Immediate.) Exhaustion

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 5th 1875

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

E. Glanville, Rusk M. D.
Medical Attendant.

Address Balto & Wash, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

No. ...

Board of Health, City of Baltimore,

Permit No. 3275

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery Edwd F. Mellvaine M. D.

Date of Burial, Sept. 4th 1875 Medical Attendant.

Undertaker, J. J Byrne

Place of Business, No. 59 N. Liberty St. *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

Permit No. 5276

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3rd day of September 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oskar Reinhardt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 3 *Months,* 9 *Days.*

Color, white *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, merchant (clerk)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mannheim Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 75 S Sharp St.

Cause of Death, {First (Primary,) Typhus abdominalis.
{Second (Immediate,) Paralysis of the heart

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 5th 1875

Henry Baker M. D.
Medical Attendant.

Undertaker, Dr. L. Lorman

Place of Business, 31 Parkar *Address* 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Thos Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 Months, *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 120 S. Wolfe St

Cause of Death, First (Primary,)

Second (Immediate,) Diarrhoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Bonaparte Cemetery

Date of Burial, Sept. 5

Undertaker, W. Duffield

Place of Business, S. Bond St 157

Burdett M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept. 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Cooper

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 51 *Years,* 8 *Months,* 27 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} No. 123 Gough St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Haemorrhage

Duration of Last Sickness, Sixteen Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday Morning 5th

E. P. Irons M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address* No. 406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimore,

Permit No. 5279 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles L Zellers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 12 Sterett st

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Western Cemetery

Date of Burial, Sept 4th 1875

M. D.
Medical Attendant.

Undertaker, John Thacher

Place of Business, No 150 Camden *Address* 76 Stiles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edward Lutz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, 3 Yrs 3 days

Place of Death, {Give street and number.} No 218 E Fairmont St B. C

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem Penbrooke M. Hewlett M. D.
Medical Attendant.

Date of Burial, Sept. 5th 1875

Undertaker, Julius Koehler *Address* No 213 W. Lombard St.

Place of Business, Cor Sharp & Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, September 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Nellen Frazier

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* Two *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Birthplace

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 179 S. Sharp St

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 4th 1875

{*Undertaker,* John B. Williams / *Place of Business,* 117 Lee St} *Address* Southern Dispensary 45 Conway St

Geo. W. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary Klein

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, *Years,* Eleven *Months,* Eleven *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 20 Stockton St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera Infantum.

Duration of Last Sickness, Twenty-four hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 6th 1875

E. M. Reid, M. D.
Medical Attendant.

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave *Address* 245 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5283,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalina Hess

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 1 *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland, Balto

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} 8 Walnut al

Cause of Death, {First (Primary,) Typhoid Fever & Consumption
Second (Immediate,)

Duration of Last Sickness, 2 wk

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Sept 5th 1875

R. Winslow M. D.
Medical Attendant.

{*Undertaker,* Andrew Zeh
Place of Business, 1182 Mid Ave *Address* 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3d 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant and named, give names of parents.} Philip Jones Gallagher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Fireman (No. 8 Truck)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 534 Saratoga St

Cause of Death, {First (Primary,) Diarhoea / Second (Immediate,) Typhoid Dysentery

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery *Thomas Opie* *M. D.*

Date of Burial, Sept 4th 1875 Medical Attendant.

Undertaker, Adam Weidemeyer *Address* 396 W. Fayette St

Place of Business, 578½ W. Baltimore Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 5285 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 8 *Months,* ~~—~~ *Days.*

Color, Blk *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 Chestnut Street

Cause of Death, First (Primary,) Artificial nursing

Second (Immediate,) Thrush

Duration of Last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery — James A Steuart M. D.

Date of Burial, Sept 5th 1875

Undertaker, W. N. Dunger

Place of Business, East St — Address Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Nellie Steward — Mother

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

Date of Death, Sept 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Doheny

Sex, ~~Male,~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} Union Prot Infirmary

Cause of Death, { First (Primary,) Typhoid Fever / Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Sept 5th 1875

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw st

Louis Faucett M. D.
Medical Attendant.

Address 93 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Myra Elma Ferguson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 140 McElderry St

Cause of Death, First (Primary,) Pneumonia, Whit

Second (Immediate,) Asthenia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery *James A Steuart* M. D.

Date of Burial, Sept 5th 1875

Undertaker, Wm Fry

Place of Business, N. Broadway *Address* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John H. Ferguson Father

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 6288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 weeks ~~Months,~~ Days.

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution 1 day

Place of Death, {Give street and number.} St. V. Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) dying when admitted

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept. 5. 1875

Undertaker, Jas. L. Chalmers

Place of Business, 262 Penn^a Ave

Martin Brewer M. D.
Medical Attendant.

Address 201 W. Bidale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Gross

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 14 *Days.*

Color, Blk *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Arch St

Cause of Death, {First (Primary,) / Second (Immediate,)} Summer Complaint

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Jas A Steuart* M. D.

Date of Burial, Sept 4th 1875

Undertaker, W.m Jas Gray *Address* Commiss of Health & Registrar

Place of Business, 65 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by W Jas Gray Undertaker

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Logswell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, Twelve months

Place of Death, {Give street and number.} 92 S. Eutaw St

Cause of Death, First (Primary,) Marasmas

Second (Immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va J. C. Burch M. D.

Date of Burial, 4th Medical Attendant.

Undertaker, J Schaber *Address* 141 Hanover St

Place of Business, 150 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 204

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Curry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No. 105 S. Castle st.

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmell Cimetery

Date of Burial, September 5th 1875

Undertaker, H M Gilmeyer

Place of Business, 341 Canton Ave

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 3292

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Haas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* 2 *Months,* 10 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} Canton Street. (No Number)

Cause of Death, First (Primary,) Old age

Second (Immediate,) " "

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 5th 1875

A. Schwartz M. D.
Medical Attendant.

Undertaker, J. Francina

Place of Business, 330 Canton St.

Address Elliotte & Canton Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...tention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 5295

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willamenia Wille.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, *Sex,* Fem.

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 201 Montgomery.

Cause of Death, First (Primary,) Heart Disease, Chronic Valvular,

Second (Immediate,)

Duration of Last Sickness, 5 or 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 5th 1875

Undertaker, Charles R. Herold

Place of Business, 161 Hanover St.

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

Date of Death, Sept. 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Fox, Brown Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 5 Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 17 Barre St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, Is not known

All the above information should be furnished by the Physician.

Place of Burial, Point Cemetery

Date of Burial, Sept 5th

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Bond st

Jno. T. McShane M. D.

Medical Attendant.

Address 25 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Lombard St Infirmary

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) asthenia

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, W. P. Ford

Date of Burial, Sept 3rd

Undertaker, H H Le Cerf

Place of Business, 1108 N Eutaw St

F. A Ashby M. D.
Medical Attendant.

Address Univ. Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ctfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Doetzer.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White, *Sex,* Female,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give street and number.} 5 S. Madeira Alley.

Cause of Death, {First (Primary,) Abdominal.
Second (Immediate,) Anasarca.

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Ger. Cath. Cem.

Date of Burial, Sun. Sept. 5th 1875

{*Undertaker,* John Ryan
Place of Business, 99 Alicia

C. Glanville, Rusk M. D.
Medical Attendant.

Address Balt. & Nash. 215.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ction of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 8297

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3 4th September

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Holtans

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, six Weeks. olt. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, ..

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 321. S. Bond Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 321. S. Bond St.

Cause of Death, { First (Primary,) ... Second (Immediate,) Convulsions.

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Alphonsia. Greenyard.

Date of Burial, Sept 5th 12 1. Oclock.

{ *Undertaker,* F Bokum

{ *Place of Business,* 36 Thames St *Address*

Ernst Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel H. Weber

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 118 Jackson Sq. Ave

Cause of Death, First (Primary,) This unascertained.

Second (Immediate,) Convulsions

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Sept 5th 1875.

Undertaker, Caspar Eckert

Place of Business, 269 Canton Ave

G. Glanville, Rusk M. D.
Medical Attendant.

Address Balto Md. 25.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

Permit No. 5299

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 5 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Graff

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 65 *Years,* 4 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Gardener

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Wheime Europ. Thirty years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Entered at No 256 E.

Cause of Death, { First (Primary,) Consumption

Second (Immediate,) Hemorrhage of Lungs

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 6th

Undertaker, H. Boiler

Place of Business, Hennelle & 81

J. Shultz M. D.

Medical Attendant.

Address 260 S. Eut...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back...

Board of Health, City of Baltimore,

Permit No. 53,00

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, as required by law, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Turner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 *Years,* unknown *Months,* unknown *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prince Georges County

Duration of Residence in the City of Baltimore, Thirty four years

Place of Death, { Give street and number. } 413 S. Eutaw St

Cause of Death, { First (Primary,) Cholera Morbus
Second (Immediate.) Old Age. Nervous debility

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. W. W. Cotton M. D.
Medical Attendant.

Undertaker, John S. Thacher

Place of Business, No 150 Camden, *Address* 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Randolph Jackson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 32 *Years,* —— *Months,* —— *Days.*

Color, Blk *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Union alley

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) —— —— —— ——

Duration of Last Sickness, 2 years — Sudden

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 5 1875

Jno. T. Steuart M. D.
~~Medical Attendant~~

Undertaker, Saml. W. Chase

Place of Business, S. Eutaw St *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Samuel W. Chase Undertaker

...Physicians is respectfully invited to the remarks below, and to list of diseases on Back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5302

HEALTH DEPARTMENT SEP 5 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1875 (Parents)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary E. & Jos. Michael Dreusch

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, Months, 6 hours ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 60 Mulberry St

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 5th 1875

{*Undertaker,* McCaull Bros / *Place of Business,* 131 Saratoga st}

Jas. A. Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Jos. M. Dreusch — Father

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 5303, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4 /75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunda Drusel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 75 N. Chapel

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 28 days.

All the above information should be furnished by the Physician.

Place of Burial, N. Wash. Cem. Abram B. Arnold M. D.

Date of Burial, Sund. Sept. 5/75 10 A.M. Medical Attendant.

{*Undertaker,* John Bell

{*Place of Business,* 77 D. Mosley St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 5th 10 A M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Plauer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 56 *Years,* 4 *Months,* ——— *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, six years

Place of Death, {Give street and number.} 123 N Washington st.

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, about four years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 6th 1875

Undertaker, H. Schultheis

Place of Business, 261 E. Monument st

S. Pinkert M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians is respectfully invited to the remarks below. Also to Law of Division of [illegible]

Board of Health, City of Baltimore,

Permit No. 5305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Magnus Polack.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dyer,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hamburg. Germany.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} 81. Gough st.

Cause of Death, First (Primary,) Remittent. Fever. (Prostatitis?)

Second (Immediate.) Uraemia

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, Sept 6/75

Undertaker, M. Langord

Place of Business, 87 Gough St

A. I. Clarke M. D.

Medical Attendant.

Address 237. Gough st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Juda Stern

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} Cor. Caroline & Gough.

Cause of Death, {First (Primary,) old age (Gastric disorder)
Second (Immediate,) three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Synagogue *Abram B Arnold* M. D.

Date of Burial, Burial Ordered. Medical Attendant.
Sept 6.

Undertaker, William Elam *Address*

Place of Business, 101 Gough

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 5307

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josiah Cobb.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 79 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Male.

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Retired Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westborough, Worcester Co Massachusetts.

Duration of Residence in the City of Baltimore, Fifty eight years.

Place of Death, {Give street and number.} No 31 North Liberty St Balt

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion from age.

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, Tuesday Sept. 7 '75

C. E. Starr *M. D.*
Medical Attendant.

Undertaker, H. H. Jenkins Son

Place of Business, 16 Light. *Address* No 16 St. Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to list of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 5308

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Petchicken

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ——— *Years,* 1 *Months,* 12 *Days.*

Color, white *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 Barnes St

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cty James A Steuart M. D.

Date of Burial, Sept 6th 1875 ~~M. D.~~

Undertaker, Parents —

Place of Business, ——— *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Josephine Conrad Mid Gardner

[OVER.

Physicians is respectfully invited to the remarks below, and to list of diseases on ba

Board of Health, City of Baltimore,

Permit No. 5309. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred L. Lentner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 24 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 437 Cross

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Park Cemetery

Date of Burial, Sept. 6th 1875

J. Horton Boyle M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 578 W. Baltimore st *Address* 46 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 5310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mack

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* ——— *Months,* ——— *Days.*

Color, Blk ——— *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. 8 years

Place of Death, {Give street and number.} 37 S. Dallas St

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Sept. 7th 1875

{*Undertaker,* John W. Locks / *Place of Business,* S. Wolf St}

James Steuart M. D.
~~Attending~~ Attendant

Address Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Mack — Son.

Board of Health, City of Baltimore,

Permit No. 5311,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Ann Beatty

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 1 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 96 W Pratt St

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 3 Mo

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 6th/75

{ *Undertaker,* F. H. Troll

{ *Place of Business,* 90 S. Howard St

A McCurdy M. D.
Medical Attendant.

Address 76 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5312

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Kessenger

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ { Cross out words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 33 Portland Or

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 100 Front Ave

Cause of Death, { First (Primary,) / Second (Immediate,) } Acute Hydrocephalus

Duration of Last Sickness, 10

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sep 6

Undertaker, J B Cook

Place of Business, 707 West Pattersn Pl

Geo. H. Bunsen M. D.
Medical Attendant.

Address 104 Hanover s- City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 5313 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Wallace

Sex, Male or Female, {Cross out the word not required in this line.}

Age, forty (40) *Years,* four *Months,* Eight *Days.*

Color, Colored *Sex,* Male

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, Grain Measurer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Annies Co, Maryland

Duration of Residence in the City of Baltimore, Twenty-five Years.

Place of Death, {Give street and number.} No. 73 Lawson Alley

Cause of Death, { First (Primary,) Asthma
Second (Immediate.)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 6th Sept 1875

{ *Undertaker,* Jas E J Chase.
{ *Place of Business,* Corner Howard & Hill Street, Address No. 15 N. Henry Street

Wm H. Geddes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 5311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Barnes

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 28 *Days.*

Color, Blk *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 101 Orchard St

Cause of Death, First (Primary,) artificial nursing

Second (Immediate,) Summer Complaint

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park~~ St Cemetery

Date of Burial, Sept 6th 1875

James A Steuart M. D.
Physician or Coroner.

Undertaker, John C. Jordan

Place of Business, 63 Park Ave *Address* Comm's of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Chas. W. Derrick's next friend

[OVER.

Board of Health, City of Baltimore,

Permit No. 3315 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31 August 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara Harlan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* *Months,* Four (4) *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cor Fayette & N Comb

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Cor Fayette & N Comb

Cause of Death, { First (Primary,) Unknown / Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Monday Sept 6th

Undertaker, Wm M. Leonard

Place of Business, 782 W. Baltimore St

Geo. H. Eyth M. D.
Medical Attendant

Address 41 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below. and to list of diseases on b...

Board of Health, City of Baltimore,

Permit No. 5316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Gruen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Blk *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 32 Perry Street

Cause of Death, First (Primary,) Artificial nursing

Second (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Ch Cemy James H Steuart M. D.

Date of Burial, Sept 6th 1875 Attending Physician

Undertaker, S. W Chase

Place of Business, S. Eutaw St *Address* Commit of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Pa Gruen (Mother)

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Kurtz

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, 27 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Cabinet maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number. } 20 Jordan Alley

Cause of Death, { First (Primary,) Typhoid Fever / Second (Immediate,) Exhaustion Delerium

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 7th

H. H. Keller, *M. D.*
Medical Attendant.

{ *Undertaker,* C. Stribling
{ *Place of Business,* 2. Penn a. *Address* 89 S. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 5318 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louisa Thomas

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Col *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____ ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U-S

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 39 Chestnut Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 96 hours

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, September 7th 1875

W W Antrim M. D.
Medical Attendant.

Undertaker, John C Jordan

Place of Business, 63 Park Ave *Address* 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ysicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adela V. Young

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 5 *Months,* 19 *Days.*

Color, *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt: Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 166 N. High

Cause of Death, { First (Primary,) } Dysentery

{ Second (Immediate.) } Acute Congestion of Brain

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 7th 1875

Undertaker, Henry W. Mears

Place of Business, 64 N Gay St

Tho. F. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No 5320 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 6

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura Virginia Fitz

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* *Months,* 6 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and number. } 10 44 Stricker Alley

Cause of Death, { First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 7

Undertaker, J B Cook

Place of Business, 707 W Balto *Address* 582 W Lombard st

Saml Gutelius *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5321 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 5th 875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Mackey Stone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 12 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 9 mos 12 days

Place of Death, {Give street and number.} 12 W. Madison St.

Cause of Death, First (Primary,) Diphtheritic laryngitis

Second (Immediate,) Apnea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Wds Cemetery

Date of Burial, Sept 6

Undertaker, J B Cook

Place of Business, 70 Wds Baltimore *Address* 256 N Eden St

F. Alvarez *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 5324

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmine Noll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* 4 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 179 N. Bethel st.

Cause of Death, First (Primary,) Entero - Colitis

Second (Immediate,) Marasmus

Duration of Last Sickness, about 3 week,

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park~~ ~~[illegible]~~ ~~Cem~~ C. J. Kreuter M. D.

Medical Attendant.

Date of Burial, Sept 7

Undertaker, H. Hussey

Place of Business, 136 E Fayette st. *Address* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5323 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Eddy Lauerwine

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, *Years,* 15 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 12 St Paul

Cause of Death, { First (Primary,) Dying When Called

{ Second (Immediate,) Do not Know

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C. Geo. B. Reynolds M. D.

Date of Burial, Sept 7th. Medical Attendant.

{ *Undertaker,* Peter Kümmel

{ *Place of Business,* 317 McCherry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5324

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carsten & Anna Siegel Kerr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 hours *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 47 S. Frederick St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 7th 1875

Undertaker, Jas P. Byrne

Place of Business, Front St

James Steuart M. D.
Physician

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Barbara Rice Midwife

[OVER.

Board of Health, City of Baltimore,

Permit No. 5325 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Bernhardt Baumann

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 4 *Months.* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 27 Butler St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 27 Butler St.

Cause of Death, { First (Primary,) cholera infantum
Second (Immediate,) fit

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept 7th 1875

H. Tabes M. D.
Medical Attendant.

{ *Undertaker,* Julius Koehler Address 95 S. Sharp st
{ *Place of Business,* Cor Sharp & Cross st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5326 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Mernak

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married,~~ ~~Single,~~ ~~Widow~~ or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give street and number.} 29 Britton St

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Montgomery Co.

Date of Burial, September 8th 75

Chas H. Morfit M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Address 284 East Baltimore St
Near Ensor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transcript 205

Board of Health, City of Baltimore,

Permit No. 5327

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, and [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th September 4 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Krihmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 12 *Years,* *~~Months~~,* *~~Days.~~*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Schoolboy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, {Give street and number.} Durham Street Nr. 296. S,

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhus. Abdominalis.

Duration of Last Sickness, 21 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, [redacted] Sept 6th 1875

Undertaker, Geo [redacted]

Place of Business, 339 Canton [redacted] *Address*

Ernst Hand M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5328 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Columbus Corr

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* / *Months,* — *Days.*

Color, Blk *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 90 Chesnut St

Cause of Death, { First (Primary,) Dentition

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Garrett Street

Date of Burial, Sept 7th 1875 M. D.

{ *Undertaker,* W. N. Burger

{ *Place of Business,* East St *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by, Joshua Corr Father

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 5329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Collins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 1 week

Place of Death, {Give street and number.} East 66

Cause of Death, First (Primary,) / Second (Immediate,) Uremia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Talbot Co Md

Date of Burial, Sept 7th 1875

Undertaker, W. H. Dunger

Place of Business, 1011 East St

E. L. Baldwin M. D.
Medical Attendant.

124 n Eutaw
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 206)

[OVER.

Board of Health, City of Baltimore,

Permit No. 5330

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Gertrude L Marke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 8 mos

Place of Death, {Give street and number.} 172 N Calvert St Balto Md

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate.) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. J. E. Chataud M. D.

Date of Burial, Sept 7. 1875. Medical Attendant.

Undertaker H. H. Jenkins & Son

Place of Business, 16 Light St. Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5331, OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Albert Dennis Morse

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 6 *Years,* One *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Year

Place of Death, {Give street and number.} 235 Hoffman St

Cause of Death, First (Primary,) Entant

Second (Immediate,) Diptheria

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Sept 7th 1875

Undertaker, Chas T Scriven

Place of Business, 271 N. Eutaw st *Address*

Edward A Mans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 5332 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph George Pohl.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 15 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 94 S. Eutaw

Cause of Death, { First (Primary,) Cholera Infantum

{ Second (Immediate,)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, German St. Paul's Cemetery

Date of Burial, Septr 8th 1875

Horace R. Jewett M. D.
Medical Attendant.

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice-Ann. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5333

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 5th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Brunner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* Fourteen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 815 N Pratt St

Cause of Death, {First (Primary,) Gastro-Intestinal Indigestion

{Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Sept. 7th

W. L. Rees M. D.
Medical Attendant.

Undertaker, P. Kennard.

Place of Business, 317 Mulberry St Address 317 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5334

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Gillian & Emily Cooper (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} ..... (unmarried)

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 462 S. Chapel St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Laundice

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St B.G

Date of Burial, Sept 7th 1875

James A Steuart M. D.
Attending Physician.

{*Undertaker,* John W. Locke / *Place of Business,* Wolf St}

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Sophia Brown Col'd Friend of Mother

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

HEALTH DEPA... SEP 7 1875

Permit No. 5336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 6 / 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } A. M. Catharine Kettenig

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 65 *Years,* 7 *Months,* — *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the words not required in this line. } ~~Widow~~

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 46 Years.

Place of Death, { Give street and number. } 98 Somerset St.

Cause of Death, { First (Primary,) Cancer of Stomach
Second (Immediate,)

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Abram R Arnold M. D.
Medical Attendant.

Date of Burial, Sept 8th/75

Undertaker, Geo. Schilling

Place of Business, Cor Fayette & Monument st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th Sept 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William John Carman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 113 N. Sticker

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 113 N. Sticker

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetary

Date of Burial, Sept 7th 1873

Undertaker, Hughes & Co

Place of Business, Hughes & Republican

John Hood, M. D.
Medical Attendant.

Address 134 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5331.

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mildred Gertrude Byrd

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 8 *Days.*

Color, *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 104 Lee St

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Meningitis

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Sept 8th 1875

Undertaker, Armstrong & Adems

Place of Business, No 263 Light St

R. J. N. Tall M. D.
Medical Attendant.

Address 158 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1225

OFFICE OF REGISTRAR OF VITAL STATISTICS

SEP 7 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6/70

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Lang

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} 23 S. Caroline St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 8th 1870

Undertaker, John S Mercher

Place of Business, No 150 Camden St *Address* 3 } gn Lombard

H L Sloan *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5339.

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 7 1875 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm Henry Perkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* ——— *Days.*

Color, Blk *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 1. Constitution St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Summer Complaint

Duration of Last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery *James A Steuart* M. D.

Date of Burial, Sept 7th 1875 Residence

Undertaker, M. A. Daiger *Address* Comm'r of Health

Place of Business, 24 S. Broadway Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by M. A. Daiger — Undertaker

Board of Health, City of Baltimore,

Permit No. 5340 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sep. 7. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrence

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 21 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Lying in Hospital

Duration of Residence in the ~~City of Baltimore~~ Institution 3 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sep. 8. 1875

Undertaker, Jas L. Chalmers

Place of Business, 262 Penna Ave

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53441 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John V. Bauer.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 41 S. Chapel, St,

Cause of Death, First (Primary,) Congestion.

Second (Immediate,) Of Lungs.

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Lutheran

Date of Burial, Sept 8

Undertaker, W. Rippel

Place of Business, S. Bond St

G. Granville, Rusk M. D.
Medical Attendant.

Address Balt & Hanover.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5312 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~October~~ September 6th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Carrie Campbell Mitchell

~~Sex~~, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 7 *Years,* 2 *Months,* 3 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow Widower~~. { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 93. E. Fayette Street

Cause of Death, { First (Primary,) Endocarditis — { Second (Immediate,) the result of Measles

Duration of Last Sickness, Her first attack was three years ago from which she never recovered —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, September 7/75 Chas Carey Thomas M. D.
Medical Attendant.

Undertaker, Wm H Hickman

Place of Business, No 234 N. Gay St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53112. OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Florence Woodlan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, _____ *Years,* 8 *Months,* 16 *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, From 16 days.

Place of Death, {Give street and number.} Morris Alley Court.

Cause of Death, { First (Primary,) Disease of Bowels.
Second (Immediate,) _____

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 8 .. 1875. W. E. Moseley M. D.
Medical Attendant

{ *Undertaker,* John. C. Dorsey
{ *Place of Business,* No 13 Park St. Address 169 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained; That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5341

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Michael Colbert

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } Male

Age, Years, 5 Months, Days.

Color, white *Sex,* female

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

~~Occupation,~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number. } 47 S. Bond st

Cause of Death, { First (Primary,) / Second (Immediate,) Convulsions

Duration of Last Sickness, about 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alysius ~~6 days~~

Date of Burial, September 8th

Undertaker, Michael Trump

Place of Business, No. 35 Bank Address 27 N. Broadway

J. G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5345

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT SEP 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 17 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Geo Lock

Sex, Male ~~or Female~~, { Cross on the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balla City Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } S M Wolfe. St

Cause of Death, { First (Primary,) Krampfs. Second (Immediate,) Convulsions

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Michels

Date of Burial, Sept 8.

M. D.

Medical Attendant.

Undertaker, A. Kohler

Place of Business 244 E. Lombard St *Address* Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs E. Buschman Midwife

[OVER.

Board of Health, City of Baltimore,

Permit No. 1316

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Hoffman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* Thirteen *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 252 Central Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Teeth

Duration of Last Sickness, 2 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cm

Date of Burial, Sept 8. 1875

M. D.
Medical Attendant.

Undertaker, Henry Hecht

Place of Business, 209 East Ave *Address* 137 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5347, OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 5. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Deppert

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 28 *Years,* 1 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Maried

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, as above

Place of Death, { Give street and number. } # 11 Anthony st

Cause of Death, First (Primary,) Burn

Second (Immediate,) Shock

Duration of Last Sickness, 34 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Josephs Burial

Date of Burial, September 6th 1875

Geo. A. Hartman **M. D.**
Medical Attendant.

Undertaker, Henry Hook

Place of Business, 309 Eutaw St

Address # 305 - N Carrine St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53,18 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 58 North Street

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,) Perforation of Intestine & Collapse

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Geo. B. Reynolds M. D.

Date of Burial, Sept 8th 1875 Medical Attendant.

{*Undertaker,* Jas P. Byrne *Address* 34 north Calvert

{*Place of Business,* Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5349 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Real

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, {Give street and number.} 291 S. Pacca st.

Cause of Death, {First (Primary,) Intemperance
Second (Immediate,) Congestive Chill

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem Revd Ogle Coroner.

Date of Burial, Sept. 8th 1875

M. D.
Medical Attendant.

{*Undertaker,* Julius Koehler *Address*
{*Place of Business,* cor Sharp & Cross, sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5350 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam L Ridenger

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 260 Cross

Cause of Death, {First (Primary,) Congestion of the Brain
Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Sept 8th

Undertaker, H Brill

Place of Business, Hanover St 81

Gordon Gratz M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5351

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Amelia Crizmann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, { Give street and number. } 236 E. Durham

Cause of Death, { First (Primary,) Typhoid Fever / Second (Immediate.) }

Duration of Last Sickness, Do not Know Saw it only a short while before death

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemy Fulton Ave

Date of Burial, Sept 8th 1875

M. D.
Medical Attendant.

Undertaker, Geo Froehlich

Place of Business, 339 Canton Av *Address* 254 Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 5332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 75.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lily Bond,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 5 *Months,* 3 *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N E Cor of Schroeder & Lexington sts

Cause of Death, { First (Primary,) Bronchitis Malignd

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, September 8th

{ *Undertaker,* P. Kinnett

{ *Place of Business,* 327 Mulberry St. *Address*

John D. A. Brazer, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3353 — OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~August~~ Sept 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Otter

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, Forty Nine *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Prussia

Duration of Residence in the City of Baltimore, Twenty Nine Years

Place of Death, {Give street and number.} 170 Pierce Stud

Cause of Death, {First (Primary,) Yellow Jaundice; Second (Immediate,) Typhoyd Fever}

Duration of Last Sickness, Sixteen Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Sept 8th

L. C. Hoen M. D.
Medical Attendant.

{*Undertaker,* P. Kinnett
Place of Business, 111 Mulberry St} *Address* 226 Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 53371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Heinrich Goebel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 23 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Monument st. extended

Cause of Death, First (Primary,) Entero Colitis

Second (Immediate,) Asthenia

Duration of Last Sickness, about 2 weeks

All the above information

Place of Burial, Baltimore Cemetery. Chas. J. Kimber *M. D.*

Date of Burial, Sep 8 1875 Medical Attendant.

Undertaker, Rossing *Address* 222 N Broadway

Place of Business, 136 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5313 — OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Battie Celine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months.* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 73 McHenry St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) 18 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Sept 9th 1875

Undertaker, [illegible]

Place of Business, [illegible]

Abt Carey *M. D.*
Medical Attendant.

Address 76 Stark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Eli H. Stricker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One Year, Seven Months, Twenty Eight Days.

Color, White Sex, Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 19 Mo. 28 Days

Place of Death, {Give street and number.} # 571 N Lombard st

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Loudenbeck city Md

Date of Burial, Sept 7

James L Smithson M. D.
Medical Attendant.

Undertaker, J Beck

Place of Business, 1717 Aisquith st Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 207)

Board of Health, City of Baltimore,

Permit No. 5357 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 7 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary L. Wright

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Peter st No 79.

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Exhaustion

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Sept 9th

M. D.
Medical Attendant.

Undertaker, J. Schumacher

Place of Business, 150 Camden St Address No 116 Columbus st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 5358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [redacted] 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Mosher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 63. S. Howard

Cause of Death, First (Primary,) Diptheria,

Second (Immediate,) / Diphtheritic Croup

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery *A. Theodore Cod?a* M. D.

Date of Burial, Sept 8th 1875 Medical Attendant.

Undertaker, T. N. Toll

Place of Business, 90 S. Howard St *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5359.

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura E. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 241 Hoffman St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. J. T. Knight M. D.

Date of Burial, Sept 9th 75 Medical Attendant.

Undertaker, C. Logan

Place of Business, 368 N Balto Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 5360 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE

Date of Death, Sept 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Schluter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years.* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 25 yrs

Duration of Residence in the City of Baltimore, 22 "

Place of Death, {Give street and number.} N. W. Cor Frederick Ave & Calvert Rd

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Serous Effusion Abdominal & Cerebral (Not able to walk)

Duration of Last Sickness, 4 yrs

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 9 September 75

Geo. A. Ward M. D.
Medical Attendant.

Undertaker, J. C. Parlett

Place of Business, 66 Frederick St. Address 66 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5361 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 7. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rosa Lang

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Two *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 222 E. Fourth St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Fellstown Hebrew Cemetery

Date of Burial, September 8th

Nicholas L. Dorsey M. D.
Medical Attendant.

Undertaker, Levi Levy

Place of Business, 91 E. Fayette St. Address 207

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5362 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sebth 7th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Porter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Fifty nine *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hartford Connecticut

Duration of Residence in the City of Baltimore, Thirty Eight years

Place of Death, { Give street and number. } 185 German St

Cause of Death, { First (Primary,) Died Suddenly. did not see him until after death, Second (Immediate,) learned the symptoms from Wife & Daughter from which I infer the immediate cause to be Paralysis of the Heart

Duration of Last Sickness, Retired to bed as usual, complained of feeling unwell & died suddenly

All the above information should be furnished by the Physician.

Place of Burial, Greenmount. Cr.

Date of Burial, 9 Sept 1875

E Goverlop M. D.

Undertaker, J. B. Blantristerson

Place of Business, 160 East Bell St *Address* 572 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5363 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lumpt

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number.} 3 Monroe st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Uncertain (probably 3 or 4 months)

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, 8 Sept 1875

Geo. H. Dare *M. D.*

Medical Attendant.

Undertaker, J. R. Blackistonson

Place of Business, 606 West Balt st *Address* 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~completely filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Violet Ann Hammond

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Three *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Leadenhall St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 8th 1875

Undertaker, John P. Williams

Place of Business, 187 Lee St

W. D. Ellis — *M. D.*
Medical Attendant.

Address 129 Hurst St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5365 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th Sept 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Alvin L. Richardson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 6 *Months,* *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dentist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 97 St Paul St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Sept 9th 1875

Date of Burial, Loudon Park Cemetery

Undertaker, John H. Weaver

Place of Business, #222 W. Fayette St *Address* 166 W Fayette St

D. W. Owings *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALTIMORE DEPARTMENT SEP 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 8 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie S. Meier

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Seven *Years,* ten *Months,* Fifteen *Days.*

~~Color,~~ *Sex,* Female

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

~~Duration of Residence~~ in the City of Baltimore,

Place of Death, {Give street and number.} No 286 N. Bond St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Typhoid Fever.

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Bat cemetery

Date of Burial, 9th September

Undertaker, Wm Levy

Place of Business, cor of Fayette & Broadway

W. H. White, M. D.
Medical Attendant.

Address No 350 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 5367.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane, Bunting

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* 4 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — —

Occupation, — — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} No 73 Hamburg St

Cause of Death, { First (Primary,) Scarlatina

Second (Immediate,) Dropsy

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 9th 1875

{ *Undertaker,* Armstrong & Lemmy

{ *Place of Business,* 263 Light St

H. B. Noble M. D.
Medical Attendant.

Address 17 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 3 A. M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Schreiner

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* / *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 25 E. Washington St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Hemorrhage of the Lungs

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Sept 10th 1875

James E. Donnelle M. D.
Medical Attendant.

Undertaker, Mr A. Daiger

Place of Business, 74 S. Broadway Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 1369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Indiana

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 111 S Durham St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Sept 9 1875

M. D.

Medical Attendant.

Undertaker, M. A Dargin

Place of Business, 74 S. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Wilson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 119 Chestnut St.

Cause of Death, First (Primary,)

Second (Immediate,) Heart Disease

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Eastern Potter Field

Date of Burial, 7th. Sept. 1875

Undertaker, Wm Donovan

Place of Business. 5 Bank St.

Chas Selby M. D.

Medical Attendant. Coroner

Address 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Corouor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 5371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th Sept 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Christian Darby Nicholson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 68 *Years,* 8 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, No.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Balt 91 ft. Monument St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 10th Sept

Undertaker, W. W. Dennis

Place of Business, Light St Balt *Address*

F. D. Nicholson M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 5372.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Browse D'Almaine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland - Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 530 N. Fayette St.

Cause of Death, {First (Primary,) St Vitus's Dance

{Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Sept 10th 1875

{*Undertaker,* Jos. Loane

{*Place of Business,* 568 W Balto St *Address* 553 N Fayette St

John Neff M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 5373,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand & Caroline Klotch (Parents

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 1 yr 2 mos ~~Years,~~ ~~Months,~~ Days.

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 S. Bethel Street

Cause of Death, First (Primary,) ...

Second (Immediate.) Spasms

Duration of Last Sickness, Few

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery James A Steuart M. D.

Date of Burial, Sept 9th 1875 ~~Undertaker's Attendant.~~

Undertaker, Ambrose Kohler

Place of Business, 264 E. Lombard St Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Ferdinand Klotch Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 3374,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Norman L. Nash

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 14 *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Stockton Alley near Harlem Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Jas. H. Stewart* M. D.

Date of Burial, Sept 9th 1875

Undertaker, Saml. H. Chase *Address* Commis of Health & Registrar

Place of Business, S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Laura Jane Nash Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 5375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. H. Whitehurst

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 54 Years *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Photographer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Norfolk Va

Duration of Residence in the City of Baltimore, 21 Years.

Place of Death, { Give street and number. } 26 N Gilmor St

Cause of Death, { First (Primary,) Enlargement of heart / Second (Immediate,) }

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sep 9th 1875

Undertaker, Hughes & Co

Place of Business, 560 W Fayette *Address*

J. Schmitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 5376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen J. Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Brakeman Balt. & Ohio R. Rd.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and number.} 12 Parrish St.

Cause of Death, First (Primary,) Comp'd Fract Skull

Second (Immediate,) Inflamation & Softening of Brain

Duration of Last Sickness, Twenty three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, 9th Sept 1875

Undertaker, P B Cook

Place of Business, N 707 W. Bal St

John Neff M. D.
Medical Attendant.

Address 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard A. Curtis.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 16 *Days.*

Color, African. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No 1 Sarah Ann St.

Cause of Death, First (Primary,) Remittent Fever - Cerebral Complication.

Second (Immediate,) Exalted Temperature producing Asthenia.

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Loreal cemetery.

Date of Burial, sept 9) 75

Undertaker, J W. Chase

Place of Business, 198 = Howard st

John T. King - M. D.
Medical Attendant.

Address Edmondson Ave. near Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ...

Permit No. 5378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September ~~2nd~~ 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry M, Galamison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Seven *Months,* *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 321 N. Durham St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Lonnel cemetry

Date of Burial, sept 9) 75

Undertaker, John W. Lakes

Place of Business, 59. S Wolf st

Whitefield Wilson *M. D.*
Medical Attendant.

Address 176 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 5379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 8th 4 p m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Phillepe Alberto

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 18 *Years,* 7 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Randolphen St. Baltimore M. D.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number. } 94 Amity Str.

Cause of Death, { First (Primary,) / Second (Immediate,) } Carcinoma

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Home

Date of Burial, September X 10

John J. Fitzer M. D.
Medical Attendant.

Undertaker, P. Kimmel

Place of Business, 611 Baltimore St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 1380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... SEP 9 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number.} E E Burgundy Alley

Cause of Death, {First (Primary,) Non Known

{Second (Immediate,) Non known

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery A. M. Colburn M. D.

Date of Burial, September 10th Medical Attendant.

{*Undertaker,* L. Kimmett

{*Place of Business,* 317 Baltimore St *Address* 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 5381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Howell,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bricklayer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 420 E. Fayette St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, five months.

All the above information should be furnished by the Physician.

Place of Burial, In B. & Ohio Road

Date of Burial, Sept 10 /75

G. Glanville, Jr. M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, 24 n Broadway

Address Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 5382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Benkard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Jefferson St No 237

Cause of Death, First (Primary,) Chronic Hepatitis

Second (Immediate,) Induration of the stomach

Duration of Last Sickness, About four Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Milton A. Taylor M. D.

Date of Burial, Sept 11th 1875 Medical Attendant.

Undertaker, Henry W Mears

Place of Business, 64 N Gay St Address No 113 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5383 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo Kampmann

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Single, Widow or Widower~~

Occupation, Keeper of Saloon

Birthplace, { State of country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, { Give street and number. } 204 Lexington st

Cause of Death, { First (Primary,) / Second (Immediate,) } Suicide by taking Laudanum

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Sept. 9th 1875

Undertaker, Adam Waldmeyer

Place of Business, 518½ W. Baltimore *Address* St

Geo C Ogle Coroner. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5381

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th September.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kaiser.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 6 *Months,* 2 *Days.*

Color, White. *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer. Driver.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} No 80 Mulberry St.

Cause of Death, {First (Primary,) Accidental. fall from a wagon. / Second (Immediate,) Fracture of 12th dorsal Vertebra.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 10th September

W C Van Bibber M. D.
Medical Attendant.

Undertaker, Peter Kümert

Place of Business, Mulberry St. 317 *Address* 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Schaffer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westminster Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 427 Calhoun

Cause of Death, First (Primary,) Cardiac Dropsy

Second (Immediate.) Gangrene

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, September 9

Undertaker, J. Chalmers

Place of Business, 262 Penn Av *Address*

Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Forest 209)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 5386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Temperance Clarke

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* 5 *Months,* *Days.*

Color, *Sex,*

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore, Fifty five Years

Place of Death, {Give street and number.} No. 307 N. Fayette Street

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,) Three Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount — Chas. N. Neff M. D.

Date of Burial, Sept 11th 1875 Medical Attendant.

Undertaker, Wm. H. Thompson *Address* No. 306 N. Fayette Street

Place of Business, 31 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5387.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Uriah L Ward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* 7 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 224 Scott St

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate.)

Duration of Last Sickness, 3 Mos —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Attorney

Date of Burial, Sept. 10th 1875 *M. D.*

Medical Attendant.

Undertaker, John L Thacker

Place of Business, 76 Scott St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 5388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Willingham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 29 Yrs

Place of Death, {Give street and number.} 14 Anthony St

Cause of Death, First (Primary,) Diopathic Tetanus

Second (Immediate,) Lockjaw

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Cemetary

Date of Burial, Sept 10 at 10 Oclock A.M. A. Adams *M. D.*

Medical Attendant.

Undertaker, George C Roberts *Address* 256 N Eden St

Place of Business, 38 Eason St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 9 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie E. Powers

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years~~, 9 *Months,* ~~Days.~~

Color, White *Sex,* Female

~~*Married, Single, Widow* or~~ *Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 121 S. Pappleton st

Cause of Death, First (Primary,) Teething

Second (Immediate,) one Week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 10th 1875

Undertaker, W B Cook

Place of Business No 707 W Bal St *Address* 379 N Eutaw

D L Spicer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5390

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Büttner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 18 Months, Days.

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Becks-Lane nr. Pulaski Road

Cause of Death, {First (Primary,) (Scrofula) Cholera Infantum

Second (Immediate,) Spasms

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Geo. H. Dare M. D.

Medical Attendant.

Date of Burial, Sept 10th 1875

Undertaker, John P. Paulus

Place of Business, 66 Fred'k Ave *Address* 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michel McTaig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Wagoner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} St. Agnes Hospital

Cause of Death, First (Primary,) Crushed by a wagon

Second (Immediate,)

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem'y

Date of Burial, Sept 10th 1875

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, Jos F Byrne

Place of Business, 53 n Liberty st *Address* 174 E. Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sister Mary Licina Maher

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 49 *Years,* ..... *Months,* ..... *Days.*

Color, white *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sister of Charity

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,) .....

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem

Date of Burial, Sept 10th 1875

Edwd F. Mildrean M. D.
Medical Attendant.

Undertaker, Jos F Byrne

Place of Business, 59 n Liberty st — *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Williams

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ Male

Age, 27 *Years,* " *Months,* " *Days.*

Color, Colored *Sex,* ~~Female~~ Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown.

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Wounds of abdomen & intestines

Second (Immediate,) Shock & loss of blood

Duration of Last Sickness, Few hours (10 hrs)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 10th 1875

Undertaker, William H. Burgee

Place of Business, Nor 104 East St.

Prof Jno. C. Hemmeter M.D.
Medical Attendant.

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5394

HEALTH DEPARTMENT SEP 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Lizzie Smith~~ Sept. 9. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie ~~Smith~~ Schmelz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 19 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 mos

Place of Death, {Give street and number.} 160 Vine Street

Cause of Death, First (Primary,) Meningitis.

Second (Immediate.) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *Mabury Brewer* M. D.

Date of Burial, Sept September 11th Medical Attendant.

Undertaker, P. Kinsel

Place of Business, 317 Mulberry St *Address* 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5396,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9 September 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Malone

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept. 10. 1875.

Undertaker, Jas L. Chalmers

Place of Business, 262 Penn^a Ave

Marbury Brewer M. D.
Medical Attendant.

Address 201 N Bidle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th of September 71

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Burgel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 49 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ezlingen, Würtemberg

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 393½ Canton Ave

Cause of Death, First (Primary,) Insufficientia mitralis

Second (Immediate,) Apoplexia

Duration of Last Sickness, ~~10 years~~ Never entirely well last strong for 10 years by dated recently

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, September 11th 1871

J Mathias M. D.
Medical Attendant.

Undertaker, H. H. Gilmeyer

Place of Business, 341 Canton Ave, *Address* 245 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th Sept 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary Ann Bolin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 2 Aloma St Balto

Duration of Residence in the City of Baltimore, 1 year 1 month

Place of Death, { Give street and number. } Cor Eastern & Bond sts in

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,) about 4 hours

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mt. Vernon Balto. Co. E. L. Williams M. D.

Date of Burial, September 10th 1875 Medical Attendant.

Undertaker, H. H. Gibbons

Place of Business, 341 Canton Ave. *Address* No 58 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 5398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

Date of Death, Sept 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Blanche Hamelin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 53 North Exeter St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 North Exeter St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 10th 1875

Undertaker, George Schilling.

Place of Business, N.E. Cor. Monument & Aisquith Sts.

Address 34 N Exeter St

E. L. Sinden M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when [redacted] under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Martin Clifford

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* 30, *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mt Washington, Balt° Co

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 147 Dolphin st

Cause of Death, First (Primary,) Scarlet Fever Maligrant

Second (Immediate.) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery ~~John Connect~~ R. Winslow M. D.

Date of Burial, Sept 11 '75 Medical Attendant.

Undertaker, John Scrivel

Place of Business, Eutaw & Mosher St Address 23 M'Culloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52/09

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Arnold Jenny

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 17 *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Edmondson av 89.

Duration of Residence in the City of Baltimore, 3 m 17 days

Place of Death, {Give street and number.} Edmondson av 89.

Cause of Death, {First (Primary,) Inflammation of the Bowels

{Second (Immediate,)

Duration of Last Sickness, 30 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 11th 1875

{*Undertaker,* Hughes & Co

{*Place of Business,* 860 Fayette

W. H. Williams M. D.
Medical Attendant.

Address 53 N Paca St
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5401 1875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE SEP 10 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sally Bloxham

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, Bright Copper *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} No 5 Kimmel Alley

Cause of Death, First (Primary,) Cold

Second (Immediate,) Consumption

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 10th 1875

Undertaker, S. W. Chase

Place of Business, S. Eutaw St

B F Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Rospeth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NO. 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phebe Coy.

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Balt Co

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Madison St 209

Cause of Death, First (Primary,) Paraplegia

Second (Immediate.)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Ridge Church Balto Co

Date of Burial, Sept 10

O S Mahon *M. D.*
Medical Attendant.

Undertaker, Wm Fry

Place of Business, 54 N Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32408

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph H. Kriemen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 6 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 34 Hanbert st.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. Pierre L. Davis M. D.

Date of Burial, Sept. 11th '75. Medical Attendant.

Undertaker, Michael Frane *Address* 97 N. Broadway

Place of Business, No 280 Fountain Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Harriet L. Kilner

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept. 11th.

Undertaker, James A Byrne

Place of Business,

Edwd F. Michael M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57405,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin & Margaret Jennings

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 15 minutes *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 26 Liberty-alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem. *Date of Burial,* Sept 10 1875

James A Stewart M. D.

Undertaker, Parents *Place of Business,* ———

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Martin Jennings Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 10. 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Kiefer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 *Years,* 8 *Months,* 10 *Days.*

Color, White *Sex,* [illegible]

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Landsberg Germany.

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, { Give street and number. } Louisa bet. 21.

Cause of Death, { First (Primary,) Cancer Uteri
Second (Immediate,) Dropsy

Duration of Last Sickness, 10 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 11 1875

C. H. Fitz M. D.
Medical Attendant.

{ *Undertaker,* Leonard Kurz
{ *Place of Business,* ~~Mount Carmel~~ *Address* S. Bond 177.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Forsch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 10 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 275 N. Central Aven.

Cause of Death, {First (Primary,) Traumatic Tetanus

{Second (Immediate,) This child was run over by Waggon

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 12th 1875

Horace R. Hewett M. D.
Medical Attendant.

{*Undertaker,* Henry Schultheis

{*Place of Business,* 216 E. Monument st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kearney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 20 Minutes *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 178 E. Eager Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery James F. Kleinal M. D.

Date of Burial, Sept 11th 1875

Undertaker, McCaull Bros *Address* Commis of Health & Registrar

Place of Business, 131 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Wm L. Kearney Father

Board of Health, City of Baltimore,

Permit No. 5709

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alfred Roberts (Coloured)

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 36 years *Years,* — *Months,* — *Days.*

Color, Dark African *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, Driver —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Frederick Co Md —

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 59 Pine St Balti, Md.

Cause of Death, { First (Primary,) Phthisis Pulmonalis — Second (Immediate,) }

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Alf W Powell M. D.

Date of Burial, Sept 11. 1875 Medical Attendant.

{ *Undertaker,* John G. Forgo, *Address*
{ *Place of Business,* No 63 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gertrude Pick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 109 N. High St

Cause of Death, First (Primary,) Effusion Brain

Second (Immediate,)

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sept. 12th

E. H. Williams M. D.
Medical Attendant.

Undertaker, George Kusler

Place of Business, Address Cor of Eagle & McDonough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert Lambert.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~B~~ Virginia

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 158 Johnson St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare

Date of Burial, Sept 11th 1875

Undertaker, Amtz & Burk

Place of Business, 263 Light

Theodore Lentz M. D.
Medical Attendant.

Address 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Rebecca McPherson

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 20 *Years,* *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Sing~~ Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} No. 145 Exeter st.

Cause of Death, {First (Primary,) Febris Entero-Mesenteric

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Int Christ

Date of Burial, Aug 13th 1855

Undertaker, Mr Hutchman

Place of Business, 234 E. Gay St.

Lattie Hinman, M. D.
Medical Attendant.

Address 633 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertie Hartman Reese

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 10 mos.

Place of Death, {Give street and number.} # 107 N. Washington st.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 or 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 11th 1875.

Undertaker, Wm. H. Hickman.

Place of Business, 234 E. Gay St.

C. A. Hartman & Son M. D.'s.
Medical Attendants

Address # 305 N. Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Boyd.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number.} 84 N. Caroline St

Cause of Death, First (Primary,) Opium

Second (Immediate,) Pneumonia

Duration of Last Sickness, 30 Days

All the above information should be furnished by the Physician.

Place of Burial, ~~Old Town~~ Baltimore Cemetery. J. J. Smith M. D.

Date of Burial, September 14th 1875 Medical Attendant.

Undertaker, Wm. H. Hickman. *Address* 137 Orleans St

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52415

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 11 1895 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Harrison

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 99 E. Chester St

Cause of Death, First (Primary,) Intermittent

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 12. 1895

Undertaker, M. A Daugherty

Place of Business, 74 S Broadway

W. J. Corbett M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Willinks, Deacon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New. Jersey Six. Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 112 West St

Cause of Death, {First (Primary,) Brights Disease

Second (Immediate,)

Duration of Last Sickness, attended by Dr Weeks 3 days prev, Chronic

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery Dr. B. Noble M. D.

Medical Attendant.

Date of Burial, Sept 12th 1875

{*Undertaker,* F. H. Toll *Address* 17 Warren Av

{*Place of Business,* 90 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3717,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE obtained WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina M Schwartzky

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — One — *Years,* Five *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 68 S. Leyster St.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) Apnea

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus R C Church Catholic

Date of Burial, Sept 12th 75

M. D.
Medical Attendant.

Undertaker, A. Kohler

Place of Business, 244 E Lombard Address 14 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5718,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1875;

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Sales,

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Co. Va -

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 13 Mason Al.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) "

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Spurrel Cemetry

Date of Burial, Sept 12th 1875

Eliae C. Price & Son M. D.
Medical Attendant.

Undertaker, John C Gordon

Place of Business, No 63 Parker *Address* 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, It shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 5219

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Edna Hannan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* Seven *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 38 Hollen St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1 Adams St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Sept 11th 1875

C. C. Stein, M. D.
Medical Attendant.

Undertaker, Haines & Byrne

Place of Business, No 63 N Front St Address 137 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rebecca Wilson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 16 *Months,* ___ *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 15. Court. Alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 ½ Alley

Cause of Death, {First (Primary,) Tuberculosis! Second (Immediate,) Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 11th 1875

Undertaker, John B. Williams

Place of Business, 167 Lee Street

Geo. W. Benson M. D.
Medical Attendant.

Address 14 Hanover & Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 18 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} Constitution St No 192

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 11th 1875

Undertaker, Wm Power Gray

Place of Business, 65 Smallay St

O S Mahon M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Millie Berry.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 3 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Md.

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, {Give street and number.} * 238 West Lt.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scrofulous Tuberculosis.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Potter's Feild

Date of Burial, Sept 11th 1875

J. M. White M. D.
Medical Attendant.

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St *Address* Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Oliver

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime when at Sea

Place of Death, {Give street and number.} 14 Wagon Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 12th 1875

M. D.

Undertaker, S. H. Chase

Place of Business, S. Howard St *Address* Commis of Health + Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Maria Munroe Grandmother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~X~~ 67424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sep 9th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Nargrave

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 55 Yrs

Place of Death, {Give street and number.} No. 28 Short S

Cause of Death, {First (Primary,) Gastric Typhoid Fever

Second (Immediate,) 4 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 12th 1875

Undertaker, William A. Dunger

Place of Business, Nor 164 East St

Dr Geo. H. Grayson M. D.
Medical Attendant.

Address No. 18 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alford Howard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Colrd. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} Millimin st (No Number)

Cause of Death, First (Primary,) Diarhoea

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 11th 1875

S. T. Boyer M. D.
Medical Attendant.

Undertaker, William H. Runge

Place of Business, Nr 16 East St. *Address* 134 N High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57426.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Whatten

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy one *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Monthly Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co Pa

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} No 1 S Republican St

Cause of Death, {First (Primary,) Old age
Second (Immediate,) & about 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 12

{*Undertaker,* Wm. M Leonard
{*Place of Business,* 782 W. Baltimore st

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Joseph McGee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 8 *Months,* 1/2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 53 Bruen St. Balto City

Cause of Death, First (Primary,) Teething

Second (Immediate,) Eclampsia

Duration of Last Sickness, about 20 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetry

Date of Burial, Sept. 12th 1875

James E. Donnelly M. D.
Medical Attendant.

Undertaker, W. S. Dwyer

Place of Business, 74 S. Broadway

Address 299 E. Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 57128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1915 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Christian Weber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 1430 Prince Alley

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Sept 12 1915

Undertaker, Andrew Seitz

Place of Business, 118 Druid Hill Ave

H. A. Hynes M. D.

Medical Attendant.

Address 607 Fremont Chapel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th September

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Sullivan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 weeks ~~*Years,*~~ ~~*Months,*~~ ~~*Days.*~~

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 67. Buren St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 67. Buren St

Cause of Death, First (Primary,) Aphthae

Second (Immediate,) Aphthae

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Old cathedral Cemetery

Date of Burial, Sept 11 1875

Undertaker, James P Byrne

Place of Business, No 63 Front St

W C Van Bibber. M. D.
Medical Attendant.

Address 47. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Leister

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: Co.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 77 Argyle Avenue

Cause of Death, {First (Primary,) Pleuro-Pneumonia

Second (Immediate,) Seven Week,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem J. H. Whitson M. D.

Date of Burial, Sept 13th 1875 Medical Attendant.

Undertaker, Jacob Heaver

Place of Business, No 486 and Hall Avenue *Address* 257 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 54431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 12 1875 BALTIMORE.

Date of Death, Sept 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 9. Armistead Lane

Cause of Death, First (Primary,)

Second (Immediate,) Tuberculus Meningitis

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City Howard Otis M. D.

Date of Burial, Sept. 13th Medical Attendant.

Undertaker, C. Weithausen

Place of Business, Light st., No 345 *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Willan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. } Single

Occupation, ~~Baltimore Md~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Inst. Little Sisters of the Poor

Cause of Death, { First (Primary,) Infirmity
Second (Immediate.) 10 days in bed

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, Sept. 13th 1875

Undertaker, Henry Schultheis

Place of Business, 261 E. Monument St.

Dr. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Arthur Kilgour

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 6 *Months,* 24 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 189 Conway St

Cause of Death, { First (Primary,) 197 Inflammation of Brain
Second (Immediate,) Hydrocephalus —

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 12 / 75

Undertaker, Wm. H Hickman

Place of Business, N 234 Gay

A Haney M. D.
Medical Attendant.

Address 76 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Kiebel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~ *Years,* 8 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 8 mo 8 days

Place of Death, {Give street and number.} South Chappel st N° 194.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Prostration

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetary

Date of Burial, Sept 12th 1875

Undertaker, Geo. Fischlich

Place of Business, 337 Canton Av

C. M. Schutte Jr M. D.
Medical Attendant.

Address S. W. cor. Wolf st Canton av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spondent's Residence is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 4 3 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 12" 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Hensel

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 10 *Years,* 8 *Months,* ——— *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, { Give street and number. } 8 S. Wolf St

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Sept 13" 1875

Undertaker, John Brown

Place of Business, 77 S. Wolf

James Hamilton M. D.
Medical Attendant.

Address Commissioner & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5456.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Hanna Stevenson

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and number. } 480 W Lexington St.

Cause of Death, { First (Primary,) Pulmonary Consumption / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Batts Cemetery

Date of Burial, Sept 13th 1875

J. H. Miller, M. D.
Medical Attendant.

{ *Undertaker,* J. H. Loane / *Place of Business,* 568 W Batts St } *Address* S. J. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12 " 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown Foundling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* Few *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waste

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Middle Station House

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Unknown

Duration of Last Sickness, " " "

All the above information should be furnished by the Physician.

Place of Burial, E. Pattins Field

Date of Burial, Sept. 13" 1875

Undertaker, H. Dunnan

Place of Business, 6 Bank St

James Steuart M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Certified by Capt Lannan

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5438.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Deford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline Co Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} N E. Police Station House

Cause of Death, First (Primary,) Suicide by

Second (Immediate,) Laudanum

Duration of Last Sickness, about 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 13th 1875

Undertaker, Henry W. Mears

Place of Business, 64 N Gay St

Edmund Walker M. D.

Medical Attendant.

Coroner N. E. Dist

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th. September 1915. morning before midnight.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Fost.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* 14 *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Niederweisel (Darmstadt) Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} Nicholas Smith's brick yard near E. Monument & Front

Cause of Death, {First (Primary,) / Second (Immediate,)} Laryngospasmus / two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, 13th of September.

William Henkel M. D.
Medical Attendant.

Undertaker, Henry Strode.

Place of Business, 232 Caroline St. *Address* S. Wolfe & N. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 12 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Augusta Keehne

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 6 *Months,* 10 *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt: City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 11 Shakespeare St

Cause of Death, { First (Primary,) Dentition

Second (Immediate.) ...

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Geo. A. Stewart *M. D.*

Date of Burial, Sept. 13 1875. Medical Attendant.

{ *Undertaker,* Leonard Lang

{ *Place of Business,* 277 So Broad St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information Furnished

Board of Health, City of Baltimore,

Permit No. 5441 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

Date of Death, September 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catherine Travers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* ——— *Months,* Four *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 N Green

Cause of Death, First (Primary,) Remittent Fever

Second (Immediate,) Effusion at base of Brain

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemty *Date of Burial,* Sept 14th 1875

Thomas Opie M. D.
Medical Attendant.

Undertaker, Joseph J Byrne *Address* 398 W. Fayette

Place of Business, 59 n Liberty st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. W. Klingmeyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* Seven *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 20 Barnett St.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 20 Barnett St Balto

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) ____

Duration of Last Sickness, Over 1 day

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Park Cemetry

Date of Burial, Sept. 13th 1875

J. Clark Gray M. D.
Medical Attendant.

{*Undertaker,* Adam Weidemeyer

{*Place of Business,* 518½ W. Baltimore St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57143.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } James Edward Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } Raborg St. 164

Cause of Death, { First (Primary,) Meningitis

{ Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry J Shelton Hill

Date of Burial, September 13 *M. D.*

Medical Attendant.

Undertaker, H Gray

Place of Business, 65 Mulberry st. *Address* 432 w Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Bolicek

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Two Years, Four Months, Days.

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 13 Albert St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cl

Date of Burial, August 13 1875

Undertaker, Henry Heath

Place of Business, 319 Central Ave.

Chas M. Moffit M. D.
Medical Attendant.

Address 84 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Graf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 2 *Months,* 14 *Days.*

Color, white *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Grand Duchy Baden, Germany (about 1 year)

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, {Give street and number.} No 336 N. Gay St.

Cause of Death, First (Primary,) Typhus abdominalis

Second (Immediate,) Oedema of the lungs.

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Ct

Date of Burial, August 13, 1875

Undertaker, Henry Hook

Place of Business, 369 Central Ave

Chas. J. Kluber *M. D.*
Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Jackson Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Nine (9) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation, /

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore - Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 26 Woodyear St.

Cause of Death, First (Primary,) Trismus Nascentium

Second (Immediate,) Exhaustion

Duration of Last Sickness, Forty Eight (48) hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 14th Sept 1875

William H. Murray M. D.
Medical Attendant.

Undertaker, Andrew Leily

Place of Business, 118 Druid Hill Ave Address Patterson ave & Stricker St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5447.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 11,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Saml. Mitchel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 120 York st,

Cause of Death, { First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery Balto. M. D.

Medical Attendant.

Date of Burial, Sept 13/75

Undertaker, Armstrong & Deery *Address* 146 Hanover st

Place of Business, No 263 Light-st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Francis C, Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 19 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 205 Orleans St.

Cause of Death, {First (Primary,) Chronic Bronchitis.
Second (Immediate,)

Duration of Last Sickness, Nine Months.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Sept 14, 10 Clock

Thomas J. Evans M. D.
Medical Attendant.

Undertaker, George C Rodeman

Place of Business, 38 Eutaw Street

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51149

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1895 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sep. 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Kramer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt°

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Aged Women's Home

Cause of Death, { First (Primary,) Enteritis
Second (Immediate,)

Duration of Last Sickness, about Seven Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet A H Mitchell *M. D.*

Date of Burial, Sept 13 1895 Medical Attendant.

{ *Undertaker,* Armstrong & Denny
Place of Business, *Address* 267 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12" 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Thaten

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 0 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Singe

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 311 S. Sharp St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 13" 1875

{*Undertaker,* Tickner

Place of Business, S. Eutaw St

James Steen M. D.
Medical Attendant.

Commissioners
Address Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from father

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

Date of Death, September 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Schwallenberg

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* 9 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt° city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 7 Dawson St

Cause of Death, First (Primary,) Peri-Cardilis

Second (Immediate,) Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church F. A. McManus M. D.

Date of Burial, Sept 13th 1875 Medical Attendant.

Undertaker, F. S. Tooll

Place of Business, 90 S. Howard St *Address* 71. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24052.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

Date of Death, September 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catharine Streib

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* Five *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 588 Light Street

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) Spinus Hydrocephalus

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sep 14 1875

Undertaker, C H Kinsey

Place of Business, 209 Hanover St

L. C. Low *M. D.*
Medical Attendant.

Address 226 Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5453.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th. September 1875. 4 o'cl. a.m. morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Reiff,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 4 Months, 6 Days.

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Highland Town, Balt. County

Duration of Residence in the City of Baltimore, during life since

Place of Death, {Give street and number.} 1 East Highland Town Balt. County

Cause of Death, {First (Primary,) / Second (Immediate,)} Gastro malacia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetary William Henkel M. D.

Date of Burial, 15 Sept. Medical Attendant.

Undertaker, William Nicolaus

Place of Business, 258 Alice-Ann *Address* S. Wolfe & Wk.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marietta Matilda Lambert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number.} 94 Lancaster St

Cause of Death, First (Primary,) Child Birth

Second (Immediate,) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, East Baltimore

Date of Burial, Sept 14 1895

Undertaker, J. P. Donovan

Place of Business, 6 Bank St

Samuel Steinbach *M. D.*
Medical Attendant.

Address Health Comm. H

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Information from Coroner Kelly

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Cosgrave,

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 45 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown,

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} Washington University,

Cause of Death, First (Primary,) Intermittent Fever

Second (Immediate,) Cerebral Congestion (Apoplexy)

Duration of Last Sickness, 14 hours.

All the above Information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, 13 Sept. 1875

Undertaker, William Donovan

Place of Business, 6 Bank Street

Wm. A. Wolfe M.D. *M. D.*
Medical Attendant.

Address University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Burbank

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tinner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Front St near Chase

Cause of Death, {First (Primary,) Pulmonary Phthisis.
Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *Jno. Buck Boyle* M. D.
Medical Attendant.

Date of Burial, Sept. 14th 1875

Undertaker, Wm. H. Hickman. *Address* 174 E. Eager St

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5715

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Maria Mackenzie

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty four *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 63 Exeter St

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, three or four years

All the above information should be furnished by the Physician.

Place of Burial Cathedral burial ground

Date of Burial, September 14th 1875.

E. E. Price & Son M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Bay St. *Address* 262 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Nicholas. N. Robinson.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 94 — *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, None — formerly apothecary

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia — Pa

Duration of Residence in the City of Baltimore, — 70 years.

Place of Death, {Give street and number.} 55. S. Washington St

Cause of Death, First (Primary,) Intermittent Fever

Second (Immediate.) Prostration + old age

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 15th 1875

Undertaker, Wright & Co

Place of Business, 65 S Broadway *Address* 86, E Fayette. St

W. A. Bohrer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5711.59

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

rmit No. 52459.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or er, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

te of Death, Sept. 13th 1875

ll Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Jeffries

, Male or Female, {Cross out the word not required in this line.} Male

, 2 Years, 2 Months, Days.

lor, White *Sex,* Male

rried, Single, Widow or Widower, {Cross out the words not required in this line.}

cupation,

thplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

ration of Residence in the City of Baltimore, Since Birth

ce of Death, {Give street and number.} 214 Price ann St.

use of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Spasms

ration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

ce of Burial, Balto Cemetery

e of Burial, Sept 15th 1875

Undertaker, Hughes & Co

lace of Business, 665 S Broadway *Address*

M. Hyatt M. D.
Medical Attendant.
214 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty e Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate g forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

Date of Death, Sep 12. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, ~~Months,~~ 21 ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution 14 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sep. 14. 1875

Martin Brewer M. D.
Medical Attendant.

Undertaker, Jas L. Chalmers

Place of Business, 26 ½ Penn^a ave *Address* 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th of September

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Roche

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Umbrella-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Newcastle~~ Sheffield, England

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 22 S. Bethel St.

Cause of Death, First (Primary,) Alcoholismus chronicus

Second (Immediate,) Katarrhus stomachi chronicus, Marasmus

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept. 14. 1875

Undertaker, H. A. Dayer

Place of Business, 94 S. Broadway *Address* 245 S. Bethel St.

J. Statham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 13, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Howard Neal.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 26, *Days.*

Color, White. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 369 E. Lombard St.

Cause of Death, {First (Primary,) Colica Infantum.

Second (Immediate,) 2 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 14, 1875

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

J. H. Hoch M. D.
Medical Attendant.

Address 93 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm Henry Patterson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* 5 *Days.*

Color, Light Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 69 Union St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Bon Calhedral

Date of Burial, Sept 14th 1875

Undertaker, Wm F Gray

Place of Business, 65 Hanover St

D E Atkinson M. D.
Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Seitz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~One~~ *Years,* Seven *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 142 Orleans Street

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera infantum

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept. 14. 1875

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th

Full Name of Deceased, {White legibly and spell correctly. If an infant not named, give names of parents.} James F. Nichols

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 141 Dallas St

Cause of Death, First (Primary,) Enteritis

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 14th 1875

Undertaker, William H. Dunged *Address*

Place of Business, No 107 East 2d

W. W. Keen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharina Maria Angela Fiske

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 16 *Days.*

Color, white *Sex,* female

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No. 5 E. St. Lawrence

Cause of Death, First (Primary,) Inflammation of the bowels

Second (Immediate,)

Duration of Last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Ch

Date of Burial, August 14 1875

Undertaker, Henry Keck

Place of Business, 169 Central Av

Pierre L Dausse M. D.
Medical Attendant.

Address 97 N Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5467.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13, 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Kazki

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, One Year and a half

Place of Death, { Give street and number. } No. 40 Abbott st.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Marasmus

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, August 14, 1875.

Undertaker, Henry Hook

Place of Business, 307 Central Av

Jno. H. Claudius, *M. D.*
Medical Attendant.

Address No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 14
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Gomes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 24 Lessier St

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, whole Life

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Street Cem Co

Date of Burial, Sept 14 1875

Jas A Steuart M. D.
Medical Attendant

{*Undertaker,* W. S. Gray / *Place of Business,* Mulberry St} *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by- William Gomes
Father

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Doyle

Sex, Male or Female, {Cross on the word not required in this line.} .....

Age, — *Years,* 11 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 10 Curley St - Balto Md

Duration of Residence in the City of Baltimore, 11 Month, 2 days

Place of Death, {Give street and number.} No 10 Curley St - Balto Md

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, September 14th 1875

E. J. Williams M. D.
Medical Attendant.

Undertaker, H. H. Gehringer

Place of Business, 341 Central Ave, *Address* No 03 Eliot St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5747[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 14 1875 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12: 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Robinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Between 45 & 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Pearl St Baltimore

Cause of Death, First (Primary,) Pneumonia Typhoid

Second (Immediate.) Gastro Enteritis

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sep 14th 1875. 10 oclock a.m

Wm M Kemp M. D.
Medical Attendant.

Undertaker, Chas. A. Pondir

Place of Business, No 520 W. Balto st *Address* Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Miles

~~*Sex*~~, *Male* ~~*or*~~ *Female,* {Cross out the word not required in this line.} f

Age, 35 *Years,* *Months,* *Days.*

Color, W *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 219 Madison Ave

Cause of Death, First (Primary,) Childbirth — hemorrhage Instantaneous

Second (Immediate,) Exhaustion

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Richard McSherry M. D.

Date of Burial, September 14th 1875 Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 476 Druid Hill Ave *Address* 189 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Barnes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months,* 8 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 32 King st

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Lent, Peter's cemetery N. L. Arnold M. D.

Date of Burial, Sept 15 '75 Junior Maryland Hosp Medical Attendant

{*Undertaker,* H W Chase

{*Place of Business,* 194 Howard st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Beatty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* 11 *Months,* ~~11~~ *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Hostler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} No 20 Boulden Alley

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Congestive

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Ceme Geo W Airy M. D.

Date of Burial, Sept 14th 1875 Medical Attendant.

Undertaker, Chas. J. Scriven

Place of Business, 271 N. Eutaw st Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah F. Norris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty *Years,* Eleven *Months,* one *Days*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown Kent Co Md

Duration of Residence in the City of Baltimore, Eleven Months

Place of Death, {Give street and number.} # 411 N Central av

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Chestertown Kent Co Md

Date of Burial, Sept 15th 1875

A. Hartman M. D.

Medical Attendant.

Undertaker, John J Mackin

Place of Business, 150 Candeur Address # 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 2/2)

No. [redacted]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Corbin Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 Years *Years,* *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 133 Sudgely St

Cause of Death, First (Primary,) Burn

Second (Immediate,) Prostration

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 15th 1875

A. Nevett Gotter. M. D.
Medical Attendant.

Undertaker, Armstrong & Conroy

Place of Business, 963 Light St

Address 166 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Harman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* " *Months,* " *Days.*

Color, Chestnut *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and number.} No. 2 Peach alley

Cause of Death, { First (Primary,) Hemorrhage from the Lungs
{ Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 14th 1875

{ *Undertaker,* John D. Williams
{ *Place of Business,* 177 Eutaw st

J. F. Brown M. D.
Medical Attendant.

Address 176 S. Howard st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Augusta Alton~~ Sept 13

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Augusta Alton

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 210 Hughes St Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 210 Hughes St

Cause of Death, { First (Primary,) Diarrhea / Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Burial Ground

Date of Burial, 13

Undertaker, James H Davis

Place of Business, No 12 Saratoga St *Address*

J A Gill *M. D.*
Medical Attendant.

90 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5,475

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52478

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, the 13th September

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Burigunde Müller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 Years, 9 Months, 6 Days.

Color, white *Sex,* female.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 250 ~~Aisquith~~ St. Alice Anna

Cause of Death, First (Primary,) Neuralgia

Second (Immediate,) Inflamatio cerebri.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Michael Graveyard

Date of Burial, 15 Sep. 80 clock (Deputy Author)

M. D.
Medical Attendant.

Undertaker, H. Bein

Place of Business, 252 Alexander Address 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Maher

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female.

Age, 29 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, Seamstress.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore. (20) Twenty Years.

Place of Death, { Give street and number. } Washington University Hospital.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) "

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 14th

Undertaker, H. C. Wiedefeld *Address*

Place of Business, No 118½ N Calvert St

A. S. McFeeley M.D.
Washington University, *M. D.*
Medical Attendant.
Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna R. Grammer,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* — / *Days.*

Color, *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 229. S. Eutaw St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum,

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery R. J. H. Tall M. D.

Date of Burial, 14 September Medical Attendant.

{*Undertaker,* Ph. J. Dill. *Address* 158. S. Sharp St.
{*Place of Business,* 183. Columbia Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th of Sept. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Katherine Tauer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 1 *Days*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 210 S. Lombardth.

Cause of Death, {First (Primary,) D. of St. Lo

{Second (Immediate.) Eclampsia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 13th September

J. Kathien M. D.
Medical Attendant.

Undertaker, Am. S. Herold *Address* 245 S. Lombardth.

Place of Business. 133 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 32182

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Adelia Ramsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 10 *Months,* 18 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 342 Penn. ave

Cause of Death, First (Primary,) Morbus Brightii

Second (Immediate,) Pneumonia, double.

Duration of Last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 13th

Chas. J. Kreuter *M. D.*
Medical Attendant.

Undertaker, L. Himmert

Place of Business, 311 Mulberry St. *Address,* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52483,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12 – 12 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarethe Kopp

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* 4 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (Bavaria)

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} No 48 Register st (S)

Cause of Death, First (Primary,) Septicaemia ante partum

Second (Immediate,) Hemorrhage post partum

Duration of Last Sickness, 57 hours

All the above information should be furnished by the Physician.

Place of Burial, Lafayette

Date of Burial, Sept 14th

Undertaker, Wm Duffel

Place of Business, 2 Bond St

Dr Buttermy M. D.
Medical Attendant.

Address 12 S. Eden at

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Zeberlein

Sex, Male or Female, {Cross on the word not required in this line.} .....

Age, 46 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wood Agent P.W.& B.R.R. Co

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Cor Baltimore & Champagne

Cause of Death, First (Primary,) Carbuncle.

Second (Immediate.) about one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, at Alpha House

Date of Burial, Sept 15th

Undertaker, H. Poland Lippel

Place of Business, S. Bond st 151

James E. Duncan M. D.
Medical Attendant.

Address Cor Baltimore & Broadway
E. I. Williamson
No 66 E. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5 1 1 8 5

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 2 1 8 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Max Simon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 23 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 44 Harrison

Cause of Death, { First (Primary,) Scarlatinal Dropsy.
Second (Immediate.) 5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green St. Cemetery Hiram B Arnold M. D.
Medical Attendant.

Date of Burial, Sept 15 1875

Undertaker, L Herzog

Place of Business, 91 & Fayette St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3986

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* Three *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 96 S. Washington St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Burial Ground

Date of Burial, Sept. 15th 1875

Jno. A. Gardiner M. D.
Medical Attendant.

Undertaker, Peter Gray

Place of Business, 91 Eden St. *Address* No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5 2 4 5 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 13th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Melville Johnson

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 9 *Months,* 14 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Morgan Co. W. Virginia

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 268 Gilmor St. Balt. City

Cause of Death, First (Primary,) ~~Congestion of Malarial origin~~ Consumption

Second (Immediate,) Congestion of Malarial origin

Duration of Last Sickness, Nine months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alices Cemty E. Leroy Jones M. D.

Date of Burial, Sept 14th 1875 Medical Attendant.

Undertaker, Thos J. Hughes *Address* 67 E. Balt. St.

Place of Business, 65 E. Balto Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 4458

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Douglas Goines

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, Blk *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 et Lexington St

Cause of Death, First (Primary,) Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpt St B. G

Date of Burial, Sept 14th 1875

James A Steuart M. D.
Medical Attendant.

Undertaker, W. A. Gray

Place of Business, Mullikyn. *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by William Goines Father

No. 3487

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Blk *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Beach Hill Mulberry St. Extd

Cause of Death, {First (Primary,) ? {Second (Immediate,) Pneumonia

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, Sept 14th 1875

Undertaker, M. H. C. Per

Place of Business, 448 W. Pratt St

James Kleinert M. D.
Resident Physician

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Capt D. Lepson W. Police Station

No. 57491

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Joseph Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 37 Stewart St.

Cause of Death, {First (Primary,) Congestion

{Second (Immediate,) Since Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 14th 1875

{*Undertaker,* Joseph F Byrne

{*Place of Business,* 59 N Liberty

J G Woods M. D.
Medical Attendant.

Address 203 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 2[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th September 1875. 3 o'clock P.M. 13 11/94

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Schroder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number.} Boston street No 72.

Cause of Death, First (Primary,) Tabes mesenterica

Second (Immediate,) 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Burial Ground belonging to German church Canton Ave near Mount Carmel Cemetery Lafayette Road

Date of Burial Sept 15 1875

William Henkel M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor Lisgwith & Monument st *Address* S. Wolfe st. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5492

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie M. Lewis

~~*Sex, Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— ~~*Years,*~~ —10 *Months,* *Days.*

Color, white *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 88 Amity Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A. F. Bell M. D.

Date of Burial, Sept 15th 1875 Medical Attendant.

Undertaker, W B Cook

Place of Business, No 707 W Bal St Address 308 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 2-7[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 15 1875

Permit No. 52493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Gyeb

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 2 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cutler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 22 Hampstead St

Cause of Death, First (Primary,) Senile Marasm

Second (Immediate,) Bronchitis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Sept 15th 1875

G. Lichman M. D.
Medical Attendant.

Undertaker, C. Eckhart

Place of Business, 269 Canton Av. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5 1 1 9 4

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 7 9 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIEICATE OF DEATH.

Date of Death, Sept 14 / 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggy Wise

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 S. Castle St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Y. C. *Date of Burial,* Sept 15th 1875

Chas. B. Arnold M. D.
Medical Attendant.

Undertaker, John Braun

Place of Business, 77 S. Wolf St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31493

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 14th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Child of Henry & Margaret Hillebrand

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ____

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } 52 E Pratt St

Cause of Death, { First (Primary,) Cyanosis. / Second (Immediate,) ____

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *Jacob Coblentz* *M. D.*

Medical Attendant.

Date of Burial, Sept 15

Undertaker, J. H. Kennedy *Address* ____

Place of Business, 136 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. N 96

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5749 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josias Hall

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 13 *Days.*

Color, Black *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 5 Martin Ct

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 15 8.

Undertaker, William J Gray

Place of Business, 65 Hull st

P H Barclay M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5497

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sep. 13. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Edward Wilson,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 26 *Days.*

Color, Mulatto *Sex,* M.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City,

Duration of Residence in the City of Baltimore, During life,

Place of Death, {Give street and number.} 3 Brown Alley,

Cause of Death, {First (Primary,) Cholera Infantum —
Second (Immediate,)

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, September 13 th

Undertaker, William J. Gray

Place of Business, 63 Mulberry st

Address 247 Lanvale —

J. L. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5498

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Saunders.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 33 *Years,* " *Months,* " *Days.*

Color, White, *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Book-Keeper on freight train

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Since accident

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Foot Crushed by car wheel

Second (Immediate,) Traumatic Tetanus,

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus *Date of Burial,* Sept 15th 1875 — H. L. Wolfe, M. D.

Medical Attendant.

Undertaker, Wm Donovan *Place of Business,* 67 Bank St *Address* Washington University,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 57199

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Cockson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 Waters Ct

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, the 15th of Sept.

Undertaker, L Kennard.

Place of Business, 311 Mulberry St.

Frank L Plumm *M. D.*
Medical Attendant.

Address 67 N Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8800

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th of Sept. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mathilda A. Mayo

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 75 *Years,* 4 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. } Widow

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Montgomery County

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and number. } Madison 77 Paca St.

Cause of Death, { First (Primary,) Cancer

Second (Immediate.) old age

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, the 16th of Sept.

{ *Undertaker,* P. Rummel

{ *Place of Business,* 317 Mulberry St *Address* 120 East St. Baltimore

Edd Kelbman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5501,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Eddy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 2 11 *Days.*

Color, Col'd *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 Little George St

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, whole life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, Sept 16th 1875

{*Undertaker,* Wm. L. Gray / *Place of Business,* Mulberry St} *Address* Commit of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by William Eddy father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm B Marck Clara Marck Parent

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 5 minutes *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Cumberland St 2d house west of Pa Ave

Cause of Death, First (Primary,) ____ Second (Immediate,) Strangulation

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 15th 1875

Undertaker, H. Schulien & Co

Place of Business, 72 Penn Ave

D. Keller M. D.

Medical Attendant.

Address 89 N Gaeene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Lord Sanes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 9 Years, 11 Months, 14 Days.

Color, White *Sex,* female

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mass

Duration of Residence in the City of Baltimore, about an year

Place of Death, {Give street and number.} Eutaw House

Cause of Death, First (Primary,) Gastric fever

Second (Immediate,) Pneumonia by metastasis

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Alfred Hughes M. D.

Date of Burial, 16th Sept 1875 Medical Attendant.

Undertaker, Hy H. Deaktins Son *Address* 234 W. Biddle St

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Larkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 29 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 3 Guilfords alley

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 15 1875

O A Cooke *M. D.*

Medical Attendant.

Undertaker, C F Krause

Place of Business, 219 Hanover

Address Cor Lee & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hocamp

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 25 Canton Av.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimitery

Date of Burial, September 16th 1875

Undertaker, H. M. Gilmeyer.

Place of Business, 341 Canton Av.

John F. Monmonier M. D.
Medical Attendant.

Address S. W. Cor Caton & Reeder

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Phy-ician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3306,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE HEALTH DEPARTMENT SEP 15 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 14th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Franklin Creamer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Two (2) *Years,* *Months,* Fourteen (14) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 24 Washington road, Jamaica

Cause of Death, First (Primary,) Prostration

Second (Immediate,)

Duration of Last Sickness, Three (3) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem Jamaica M. D.

Medical Attendant.

Date of Burial, Sept 15th

Undertaker, J. B. Blackistone & Son *Address* 15 W. Henry Street

Place of Business, 606 West Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sep 15. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 4 mos 1 ~~*Months,*~~ ~~*Days.*~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~*City of Baltimore,*~~ Institution 14 days

Place of Death, {Give street and number.} St Vincent's Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Mabury Brewer, M. D.

Medical Attendant.

Date of Burial, Sep 16. 1875

Undertaker, Las L. Chalmers

Place of Business, Penn Ave *Address* 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5308

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Elizabeth Schneider

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} female

Age, 64 *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* female

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number.} 149 Hamburg St

Cause of Death, First (Primary,) Heart Disease with Anasarca.

Second (Immediate.) ____

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 16th 1875

Paul E Ballard M. D.
Medical Attendant.

Undertaker, Charles F. Herold *Address* 175 N Paul St

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Ady,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, *Sex,* Fem

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey,

Duration of Residence in the City of Baltimore, 48 years,

Place of Death, {Give street and number.} 153 S. Sharp St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Peritonitis

Duration of Last Sickness, 22 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery } R. J. H. Tall M. D.

Date of Burial, September 16th 1875 } Medical Attendant.

Undertaker, Charles F. Herbel *Address* 158 S. Sharp St.

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo M. Cooper

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Machine Hand

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, During his whole life

Place of Death, { Give street and number. } 331 West Saratoga

Cause of Death, { First (Primary,) Congestion of Brain
Second (Immediate,)

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Sept 16

J. P. Hoffman M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, Address Cor of Lanvale & Eutaw Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tinsley Allen Davis

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, ... *Years,* 15 *Months,* ... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Back Bay

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Scott St - No number -

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) 1 Week

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, M. Olivet

Date of Burial, Sept 16 1875

Undertaker, Samuel C Tuck

Place of Business, 745 N Baltimore St *Address* 76 S Paca St

A. H. Kinney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be ... of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, ... within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Cer... setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The S...

[OVER.

The Special Attention of Physicians is respectfully invited

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Ignatius Horse

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Elizabeth Lane

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diphtheritic Laryngitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 16 1875

Undertaker, C. F. Krouse

Place of Business, 219 Thompson *Address* 152 Thames St

A Thirdkill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Schindler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 11 *Months,* , *Days.*

Color, W. *Sex,* Fem.

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Tailor -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number.} 233 S. Paca St.

Cause of Death, {First (Primary,) Chronic Valvular Disease of Heart.
Second (Immediate,) Dropsy,

Duration of Last Sickness, two years, 10 mo.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Sept. 16th 1875

R. J. N. Tall M. D.
Medical Attendant.

{*Undertaker,* Adam Weidemeyer
Place of Business, 578½ W. Baltimore Str. *Address* 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Corney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 81 Market

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Nine months.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, September 16th 1875

Undertaker, Charles F. Herold 57 Barre st

Place of Business, 161 Hanover St. *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5375

HEALTH DEPARTMENT SEP 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Early Milton Bell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 18 *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 5 Boulden Alley

Cause of Death, First (Primary,) Teething

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 3 Weeks & 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Sept 16 th

Geo. W. Neiy M. D.
Medical Attendant.

Undertaker, Jno. Schilling

Place of Business, c/o 72. Lemmon

Address 341 Myrtle Ave
Corner of Monroe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 5376

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sep 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Henry Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* nine *Months,* twenty-six *Days.*

Color, Colored *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 59 Josephine St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia —

Duration of Last Sickness, Two months —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 16th 1875

C. C. McDowell M. D.

Medical Attendant.

Undertaker, William A. Dance

Place of Business, ~~Address~~ No 104 East Pratt St.

Dispensary Physician

Univ of Md Dispensary

Green & Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th September 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Moore

Sex, Male or ~~Female~~; {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Worker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 44 Douglass st

Cause of Death, First (Primary,) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Asylum Evergreen Cemetery Wm. L. Russell M. D.

Date of Burial, September 16th 1875 Medical Attendant.

Undertaker, William N. Danger

Place of Business, No 104 East st. *Address* 1 Broadway 7 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is res[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5378,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, About 75 *Years,* ——— *Months,* ——— *Days.*

Color, Cold. *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. County

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give street and number.} 4 Bethel Ct

Cause of Death, First (Primary,) Pulmon. Consumption

Second (Immediate.)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, September 16th 1875

D. F. Coyner M. D.
Medical Attendant.

Undertaker, William H. Davis

Place of Business, 130 & 134 East St. *Address* 134 N. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th of Septr. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Tileman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} E. Fayette St. No. 92

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Fayette St. No. 92

Cause of Death, { First (Primary,) Diptheria
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Sept 16

Jno. Hess M. D.
Medical Attendant.

{ *Undertaker,* C. Ramsey
Place of Business, 130 E. Fayette St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Wiesner.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, ____ *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 142 S. Eutaw St.

Cause of Death, {First (Primary,) Acute Meningitis

{Second (Immediate,) two days.

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 16th

{*Undertaker,* Henry Brick

{*Place of Business,* Hamilton St

R. L. H. Tall M. D.
Medical Attendant.

Address 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Phys...

Board of Health, City of Baltimore,

Permit No. 5241

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John, C. H. Kern,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, W — *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 298 S. Charles

Cause of Death, {First (Primary,) Scarlatina, Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Sept 17 th

{*Undertaker,* H Brick
Place of Business, Hennetta st 81

R. J. H. Tall. M. D.
Medical Attendant.

Address 158, S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna. E. Kuhn.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, forty *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married —

Occupation, Wife —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland —

Duration of Residence in the City of Baltimore, Four Years —

Place of Death, {Give street and number.} 112 Augusta St —

Cause of Death, First (Primary,) Strangulated Hernia

Second (Immediate,) Result of operation being too late.

Duration of Last Sickness, about one week —

All the above information should be furnished by the Physician.

Place of Burial Green Mt Cemetery

Date of Burial, Sept 18th 1875

Wm Dohme — *M. D.*
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 86. E Fayette —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is ...

Board of Health, City of Baltimore,

Permit No. 5523,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 15th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaac Graubaum,

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Merchant.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Langenhain, Grand Duchy of Hesse Darmstadt

Duration of Residence in the City of Baltimore, 26 Years.

Place of Death, { Give street and number. } 72 E Baltimore St

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 4 Years.

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cemetery

Date of Burial, Sept 17th 9 A.M.

{ *Undertaker,* Wm Eilau.

{ *Place of Business,* 101 Gough St.

John L. H. Krug M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians ... ...ary ...

Board of Health, City of Baltimore,

Permit No. 5524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorey Risser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} 60 Bryatt St

Cause of Death, First (Primary,) Stchatic Dropsy

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 17th 1875

Undertaker, John S. Mackey

Place of Business, Camden St *Address* 76 Stacet

A H Conway *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John & Eliza Wesley - Parents

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 18 hours ~~Days~~

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 208 S. Dallas St

Cause of Death, First (Primary,) ———

Second (Immediate,) Convulsions

Duration of Last Sickness, Life ———

All the above information should be furnished by the Physician.

Place of Burial, Dallas St B. G

Date of Burial, Sept 16th 1875

James A Steuart M. D.

Undertaker, S. H. Chase

Place of Business, S. Eutaw St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Wesley Father

The Spec... ...Physicians is respectfully invited to the remarks ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th of Sept. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Henry Janson

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 319 Aliceanna

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate,) Eclampsia

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 16. 9. 75

Undertaker, J. C. Schuh *Address* 245 S. Bond

Place of Business, 265 Aliceanna St.

Fleetwood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians [illegible] Family [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5327.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Ullrich (born Seidl)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* 6 *Months,* *Days.*

Color, White Sex,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} 1

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 41 S. Registt St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pulmonary Hemorrhage.

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, September 17 75

Undertaker, Michael Funk

Place of Business, 60. 35 Bank St *Address* 102 Shark St

L. Hawkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas M. Lattimer

Sex, Male or Female {Cross out the word not required in this line.}

Age, [redacted] *Years,* [redacted] *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 236 Montgomery

Cause of Death, First (Primary,) [redacted]

Second (Immediate,) Enteritis

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Merry Point, Va. *Date of Burial,* Sept 17th 1875

Thos. Ord M. D.
Medical Attendant.

Undertaker, F. S. Toll

Place of Business, 90 S. Howard St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Harriet 2nd)

Physicians is respectfully in[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Douglass

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — Ireland — 26 yrs

Duration of Residence in the City of Baltimore, — 26 yrs

Place of Death, {Give street and number.} Infirmary Lombard & Green Sts.

Cause of Death, First (Primary,) Congestive Chill

Second (Immediate,) Collapse

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemty T A Ashby M. D.

Date of Burial, Sept 16 1875 Medical Attendant.

Undertaker, Jas P. Byrne *Address* Univ Hospital

Place of Business, Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invi...

Board of Health, City of Baltimore,

Permit No. 5530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 16th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Estelle Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* / *Months,* 16 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} 132 George St.

Cause of Death, {First (Primary,) Chalera Infantum.
{Second (Immediate,) Hydrocephalaid.

Duration of Last Sickness, 23 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. H. K. Fetterhoff, M. D.

Date of Burial, Sept 17th 1875 Medical Attendant.

Undertaker, Jacob Wagner

Place of Business, No 486 Druid Hill Ave *Address* 77 George St.

Friend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th September 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Stephen Carr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 20 *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, 14 months

Place of Death, {Give street and number.} 259 N Dallas st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery. Wm. L. Wurst M. D.

Date of Burial, Sept 16/75 Medical Attendant.

Undertaker, H. C. Wiedefeld *Address* 1 Broadway

Place of Business, 118½ N Calvert st Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Vincents Infant Asylum.

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} St Vincents Infant Asylum.

Cause of Death, { First (Primary,) Debility
Second (Immediate,) ____

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Catherine Cemetery Marbury Brown M. D.
Medical Attendant.

Date of Burial, Sept. 17. 1875.

Undertaker, J. J. Chalmers

Place of Business, 262 Penn^a Ave *Address* 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Foundling Institution

Duration of Residence in the ~~City of Baltimore~~, 2 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, {First (Primary.) Atrophy Second (Immediate,) convulsions} 2 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Marbury Brown *M. D.* Medical Attendant.

Date of Burial, Sept 17. 1875

Undertaker, W. S. Chalmers *Address* 201 W. Biddle St

Place of Business, 262 Pennsylvania

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th September 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Forbes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~4 Years~~ *Years,* *Months,* 2 hours *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 5 Fayette St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Fayette St

Cause of Death, {First (Primary,) Second (Immediate,)} Probable Value of heart

Duration of Last Sickness, Two hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 16 75

J. W. Hall, *M. D.*
Medical Attendant.

{*Undertaker,* Wm. M. Leonard
Place of Business, 182 W Baltimore St *Address* 231 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15 Th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Morgan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Sex

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto - City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No 50 West St.

Cause of Death, { First (Primary,) ~~Spasm~~ Teething

{ Second (Immediate,) ~~Teething~~ Spasm

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, West Town Cemetery

Date of Burial, Sept 17 75

R, C, Lee M. D.
Medical Attendant.

Undertaker, Armstrong & Edens

Place of Business, No 263 Light St

Address N. W. Cor. Hanover & Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 5...

Board of Health, City of Baltimore,

Permit No. 5536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lannon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Coal trimmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Coaches near Beason & Locust Point

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept. 16 1875

Pierce L. Dowd, M. D.
Medical Attendant.

Undertaker, H. A. Dwyer

Place of Business, 94 S. Broadway *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Henrietta Haag

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, { Give street and number. } 322 Eutaw Ave.

Cause of Death, { First (Primary,) Congestion of Liver

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Schwartz. B. Ground

Date of Burial, Sept. 17. 1875

{ *Undertaker,* M. A. Daigh

{ *Place of Business,* 74 S. Broadway

James A. Steuart *M. D.*
Medical Attendant.

Address 324 Eutaw Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 5538

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry C. Fuller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* 10 *Months,* 7 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Injury Sustained from fall.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cem. New York

Date of Burial, Sept 17, 1875

Undertaker, H. Latus A. Davis

Place of Business, 74 S. Broadway

A. L. Wolfe M. D.
Medical Attendant.

Address Washington University

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5307

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ursula Schultz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 12 *Days.*

Color, W. *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 264 Hanover St.

Cause of Death, First (Primary,) —

Second (Immediate,) Enteritis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Ft Stephens R. J. H. Tall M. D.

Date of Burial, Sept 17th 1875 Medical Attendant.

Undertaker, W. H. Krause

Place of Business, 209 Hanover St *Address* 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Clifford

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 10 *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Baltº~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltº

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} 147 Dolphin

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Pseudo-membranous laryngitis

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 17 1875

Undertaker, Chas H Scriven

Place of Business, 291 N Eutaw St

R. Winslow M. D.
Medical Attendant.

Address 28 McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5311

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16 " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Young

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} # 2 Stone alley

Cause of Death, First (Primary,) Want of proper Care

Second (Immediate,) Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, Sept 17 " 1875 ~~Medical Attendant~~

Undertaker, Wm N. Bunge

Place of Business, East St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Susan Young Mother

No. 5311

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Hallet

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md. Lying-in Asylum

Duration of Residence in the City of Baltimore, All Most

Place of Death, { Give street and number. } Port. Infant Asylum 163 N. Lanford St.

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, E. Potter Field

Date of Burial, Sept 17th 1875

Undertaker, W. Donovan

Place of Business, 573 Bank St *Address* 631 N. Lanford

By P. J. Lotimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martha Miles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 238 Preston st

Cause of Death, First (Primary,) Chronic Atrophy

Second (Immediate,) Diarrhoea & Convulsions

Duration of Last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, 17 Sept

H. E. Atkinson M. D.
Medical Attendant.

Undertaker, Jas H Davis

Place of Business, No 12 Saratoga st *Address* 209 W. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 5041

Board of Health, City of Baltimore,

Permit No. 5374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 16 - 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Sarah J. Ramsey -

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 3 *Months,* 24 *Days.*

Color, White *Sex,* Female -

~~*Married, Single, Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md -

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 108 E. Balto. St.

Cause of Death, First (Primary,) Consumption of Lungs -

Second (Immediate,) " "

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem, Hoyard Road

Date of Burial, Sept 18th 2 P.M.

John J. King M. D.
Medical Attendant.

Undertaker, Reed & Hull

Place of Business, 233 E. Balto St. *Address* Edmondson Ave - near Carrollton Ave -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5511

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duratorily filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16 / 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Tenor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 5 *Days.*

Color, White *Sex.*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, —— Life

Place of Death, {Give street and number.} 275 S. Dallas

Cause of Death, First (Primary,) Gangrene of the Tongue

Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, S. Alfonsus Cemetery

Date of Burial, September 18th

Undertaker, Leonhard Feurz

Place of Business, S. Bond St. No 272

Abram B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 17 1 BALTIMORE

Permit No. 5346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th Sept- 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Elizabeth Poe

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 11 *Months,* 22 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 11 months & 22 days

Place of Death, { Give street and number. } 15 Penn st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Tubercular Consumption

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 17th 1875

Wm. Brunell M. D.
Medical Attendant.

Undertaker, William A. Lange

Place of Business, N. W. Cor Eutaw & Lt. *Address* Broadway & Madison st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Wyman.

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, — *Years,* 5 *Months,* — *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 35 N. Spring st

Cause of Death, First (Primary,) Dysentary

Second (Immediate,) do —

Duration of Last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, Sept 18, 75

Undertaker, Wm Hy

Place of Business, 54 N Broadway

G A Dohme *M. D.*
Medical Attendant.

Address 82 N Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

Permit No. 5518

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Lybrand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Wht *Sex,*

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —— Ohio

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Infirmary Lombard & Greene Sts

Cause of Death, First (Primary,) Softening of Brain,

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Potters Field~~ Green Mount Cemetery

Date of Burial, Sept 17th 1875

T. A Crosby M.D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 474 Druid Hill Ave *Address* Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 2.16)

No.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5314-9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Brogdon

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* — — *Months,* Fifteen *Days.*

Color, Colored *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 108 Orchard St

Cause of Death, {First (Primary,) Scopula
Second (Immediate,) Marasmus

Duration of Last Sickness, All Summer

All the above information should be furnished by the Physician.

Place of Burial, Shaefer Cemetery *Date of Burial,* Sept 17 75

Medical Attendant. J C Price & Son M. D.

Undertaker, D W Chase *Address* 262 Madison Av

Place of Business, 174 W Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6551

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Linn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 225 Lowe St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 17 75

Undertaker, S. M. Chase

Place of Business, 142 S. Howard St

Address 579 W. Lombard St

J. L. Thier *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific...

Board of Health, City of Baltimore,

Permit No 5337

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathan Miles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black

Sex,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Lombard St Infirmary

Cause of Death, First (Primary,) Psoas abscess

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 17. 75

T. A Ashby M. D.
Medical Attendant.

Undertaker, D. W. Chase

Place of Business, 19 E Fleet & Address Union Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th September

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Dougherty

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brakesman on Balt & Ohio R Road

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harrisburg Penna

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give street and number.} Mt Clare Station.

Cause of Death, First (Primary,) Run over by R R Car.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 14th 1875

Geo C Ash Coroner. M. D.
Medical Attendant.

Undertaker, John Meacher

Place of Business, No 15 Conway St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah A Molloy

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ or Female

Age, Eight *Years,* Four *Months,* Ten *Days.*

Color, Right *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, Ten years

Place of Death, { Give street and number. } No 202 West St

Cause of Death, { First (Primary,) Consumption, Second (Immediate.) Inan. Death,

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, W. L. Fuid

Date of Burial, Sept 16th

Undertaker, Mitchell & Carr

Place of Business, 111 S Paca

J Shelly *M. D.*
Medical Attendant.

Address 210 E. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Uhr.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 — *Years,* — *Months,* 14 — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 162. Madeira alley

Cause of Death, First (Primary,) Inflamation of Bowels.

Second (Immediate,) do. —

Duration of Last Sickness, about 10 days —

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 18th 1875

Wm Dohme M. D.
Medical Attendant.

Undertaker, Peter Frey

Place of Business, 91 Eutaw St *Address* 85 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No.

Board of Health, City of Baltimore,

Permit No. 5555

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank A. Strain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — 2 *Months,* 25 — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 Henry St

Cause of Death, First (Primary,) Inanition,

Second (Immediate,) Age & birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 19, 1875

Richard Ortlo M. D.
Medical Attendant

Undertaker, A. F. Hamme

Place of Business, 209 Hanover St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia A. E. Nolden

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* 8 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 188 Scott St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, About a year & half.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 19th Sept 1875

Undertaker, F. Schultheis

Place of Business, 148½ Mulberry St

Wesley Sewall M. D.
Medical Attendant.

Address 148 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bertha Melhendrich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 46. Leloub St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Two wks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 18th 1875

J. H. Smith M. D.
Medical Attendant.

Undertaker, John Macher

Place of Business, No 150 Canton *Address* 108 S. Stark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 5538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane L Young

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} —

Age, *Years,* Two *Months,* — *Days.*

Color, Col'd *Sex,* —

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 304 Rubum Street

Cause of Death, First (Primary,) Gastric Fever

Second (Immediate.)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 19th 1875.

Chas. N. Iseff for Dr. J. Iseff M. D.
Medical Attendant.

Undertaker, John C Jordan

Place of Business, 63 Park Av — *Address* 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th Sept. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emilie Katharine Gobrecht

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence in the City of Baltimore,*~~ Life

Place of Death, {Give street and number.} 203 S. Eutaw.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. German Reformed Cemetery

Date of Burial, 18th Sept 1875

Undertaker, Geo Frahlich

Place of Business. 339 Canton Av

Thos. M. D.
Medical Attendant

Address 245 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha R Floyd

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, About 31 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 120 Hamburg St

Cause of Death, First (Primary,) Abilitation of head (with anasarca)

Second (Immediate,) —

Duration of Last Sickness, 3 months +

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 19th 1875

Undertaker, John S Moulton

Place of Business, No 150 Canton

Wm K E Ballou M. D.
Medical Attendant.

Address 175 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James ~~Byrnes~~ Byrne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 20 years in U S

Duration of Residence in the City of Baltimore, 14 years in Balt

Place of Death, {Give street and number.} Denmead's Foundry North Monument St

Cause of Death, First (Primary,) Killed by accident

Second (Immediate,) Caught in shafting & machinery

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery Edmund R Walker M. D.

Date of Burial, Sept 18 in '75 Medical Attendant

Undertaker, Jas O Byrne Corner N & P O st

Place of Business, 63 Front st *Address* 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 18. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 28 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Atrophy; Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, Sept. 19. 1875

{*Undertaker,* L. L. Chalmers; *Place of Business,* 26 & Penn Ave

Marbury Brown M. D.
Medical Attendant.

Address 201 N Bidle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

...ecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Murray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, House-keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland; In U. S. 24 years

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} N. E. Corner Front & Low Sts

Cause of Death, First (Primary,) General debility — Dropsy

Second (Immediate,) Am not certain; have not seen her for weeks.

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 19th 1875

Undertaker, Henry W. Mears

Place of Business, 61 N Gay St

J. H. Christian M. D.

Medical Attendant.

Address 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Hooper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, Col'd — *Sex,* Fem.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 125 York.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 18 75

Undertaker, Samuel W. Chase

Place of Business 91 S. Howard St

R. J. H. Tall M. D.
Medical Attendant.

Address 15 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...ical attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th September 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Lutin

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County

Duration of Residence in the City of Baltimore. 5 years

Place of Death, {Give street and number.} 214 Lemon St. Baltimore

Cause of Death, {First (Primary,) Bilious Fever

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 16th Selember

{*Undertaker,* James Davis

{*Place of Business,* No 12 Saratoga St

C. C. Richardson M. D.
Medical Attendant.

Address 102 W. Lombard St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...pecial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 191 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Duffiel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four *Years,* Five *Months,* *Days.*

Color, Colored *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 47 North Dallas St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, Eight or Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 19th September

F. E. Fooke M. D.
Medical Attendant.

Undertaker, James H Davis

Place of Business, No 12 Saratoga st *Address* Cor Baltimore & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Clarke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Seagrave Point New Jersey

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} 6 Druid Hill Ave

Cause of Death, First (Primary,) Laryngismus Stridulus

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 8th

Undertaker, William A. Jones

Place of Business, 110 W. Lexington St

J. F. Brown M. D.
Medical Attendant.

Address 176 St Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 5368

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Carter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Eight - Months, Twelve - Days.

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 53 North Dallas St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Woodbury Evergreen Cemetery

Date of Burial, September 19th 1875

F. E. Fooks M. D.
Medical Attendant.

Undertaker, William S. Dunger

Place of Business, No 104 East St. *Address* Cor Baltimore & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Brown

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 11 *Days.*

Color, ed *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. Dallas st 174

Cause of Death, First (Primary,)

Second (Immediate,) Marasmus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 18th 1875

E. A. Baldwin M. D.
Medical Attendant.

Undertaker, William A. Dance

Place of Business, No 14 East St.

Address 124 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alberta Louise Stang

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 317 Argyle Ave.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Chronic Hydrocephalus

Duration of Last Sickness, 48 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Sept 18th 1875

Undertaker, Jacob Hiser

Place of Business, 1486 Druid Hill Ave.

J. T. Stansbury M. D.
Medical Attendant.

Address Towsontown Maryland.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Homer Albert Stembler

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* Four *Months,* and two *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 4 N Pine St

Cause of Death, { First (Primary,) Boils & abscessed

{ Second (Immediate,) Pyaemia

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park, Co.

Date of Burial, 18 Sept

Elias C. Price M. D.
Medical Attendant.

Undertaker, J B Blackistone for one day

Place of Business, 46 west Balt st Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Frances Bundy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Blk *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Vincents alley

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Samuel Steuart* M. D.

Date of Burial, Sept 19th 1875 ~~Medical Attendant.~~

Undertaker, S. B. Cook

Place of Business, Balto St *Address* Commiss. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Sarah Payton — Cousin

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT SEP 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Frances Horn

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Elizabeth Lane

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 19, 1875

Undertaker, J. F. Kinane

Place of Business, 209 Hanover [illegible] Address

L. Shuster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 5574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J Sadler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 86 Russel st

Cause of Death, {First (Primary,) Spasm of the larynx

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 Months and 14 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 19 1875

{*Undertaker,* C. F. Krause

{*Place of Business,* 209 Hanover st

C. L. Buddenbohn M. D.
Medical Attendant.

Address 86 N Calvert st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 19 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Richards

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 5 *Years,* *Months,* *Days.*

Color, colored *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 95 S. Dallas St

Cause of Death, { First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 19th 1875

A. M. Erich M. D.
Medical Attendant.

{ *Undertaker,* Wm. H. Deuge
{ *Place of Business,* No. 104 E. Lat St *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully referred to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaret Gilmore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Habitual

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastport, Maine.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 27 Philpot St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, September 19. 1875

Undertaker, Matthias A. Dauzer

Place of Business, 74 S. Broadway

James L. Hays M. D.

Medical Attendant.

Address 37 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie R. Edwards

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 28 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 44 S. Caroline Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 101 S. Exeter St

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate.)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 19th 1875

Undertaker, H. A. Kaufer

Place of Business, 74 S. Broadway

A. Freyd Shertzer M. D.
Medical Attendant.

Address 117 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5378,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 17th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Patrick

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, About 60 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} 5 Martin St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Sept 18th 1875

{*Undertaker,* Wm Stones Son

{*Place of Business,* 43 Mulberry

H Darby M. D.
Medical Attendant.

Address 113 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 5379

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th Sept 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Nolan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and number.} Cor. Eager & Forest Place

Cause of Death, First (Primary,) Ulceration of the bowels

Second (Immediate.)

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery John F. Hommell M. D.

Date of Burial, Sept 20th Medical Attendant.

Undertaker, H. C. Micklefield

Place of Business, 1102 N Chest St Address S.W. Cor. Calvert & Centre,

---

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5380 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Janiere

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 2 *Years,* 3 *Months,* 15 *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Retired from business

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number.} 43 N Eutaw St

Cause of Death, First (Primary,) Abscess of Chest

Second (Immediate,) Pleurisy

Duration of Last Sickness, Three Months,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 20th 75

{*Undertaker,* H W Jenkins Son

{*Place of Business,* Eight St

Richard Shaw M. D.
Medical Attendant.

Address 189 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathilde Luiski

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* 7 Seven *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 35 Wilkins Avenue

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,) Convulsion

Duration of Last Sickness, About two hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 20th Sept 1875

Undertaker, J. D. Pickles

Place of Business, 66 Franklin St

Jno H. Holliday M. D.
Medical Attendant.

Address 38 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 5382

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bellhauser August Stroh.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, W— *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 N. Pelea St.

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Convulsions,

Duration of Last Sickness, 10 days,

All the above information should be furnished by the Physician.

Place of Burial, B. Union Cemetery

Date of Burial, Sept. 21st

Undertaker, P. Kinnett

Place of Business, 317 Hanover St.

R. J. N. Tall M. D.
Medical Attendant.

Address 15 S. Sharp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 5383

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 19.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank W. Foster

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 165 Johnson St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Edema of the Epiglottis

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Sheltered Grove

Date of Burial, Sept 20/74

Medical Attendant. M. D.

Undertaker, Armstrong & Berry *Address* 146 Hanover St

Place of Business, 263 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5384.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20 / 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Haven

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years~~, 1 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 110 N Sharp St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Inflamation of Bowels

Second (Immediate,) Peritonitis

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 21st 1875.

H L Walton M. D.
Medical Attendant.

Undertaker, Fred T. Namutt

Place of Business 553 Saratoga St *Address* 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5385 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Jefferson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, house wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West Virginia

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 301 McDonogh St

Cause of Death, First (Primary,) Intemperance

Second (Immediate.) Chronic Gastritis

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept. 21st 1875 A. F. Erich *M. D.*

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts Address 94 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter K Kilbie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty seven Years, *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Had none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland County Mayo

Duration of Residence in the City of Baltimore, Twenty four years

Place of Death, {Give street and number.} 101 North Front Street

Cause of Death, First (Primary,) Of Heart & Lungs

Second (Immediate.) Dropsy

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Sept 21st 1875

Undertaker, Henry H. Mears

Place of Business, 64 N Gay St

Milton A Taylor M. D.
Medical Attendant.

No 100 E Broadway
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Phy-ician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 75.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George W Burns

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 36 *Years,* 4 *Months,* 13 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Merchant,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City,

Duration of Residence in the City of Baltimore, and his Life

Place of Death, { Give street and number. } 168 N Fayette St

Cause of Death, { First (Primary,) Phthisis 4 Months

{ Second (Immediate,)

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount John L. Roe Boyd M. D.

Date of Burial, Sept 21 1875 Medical Attendant.

{ *Undertaker,* John H Weaver City.

{ *Place of Business,* Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ers below, and to List of Diseas...

Board of Health, City of Baltimore,

Permit No. 5588 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

Date of Death, Sept 19 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 35 —

Place of Death, {Give street and number.} Washington University

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate.)} (2) Two Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, East Baltimore

Date of Burial, Sept 20 1875

Undertaker, Wm Donovan

Place of Business, 8 Bank St *Address*

M. D.
Medical Attendant.
Washington University
Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5589

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 32 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Cedar Point Furnace

Cause of Death, First (Primary,)

Second (Immediate,) Suffocated by Carbonic Acid Gas

Duration of Last Sickness, 1

All the above Information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Sept 20th 1875

Wm. Kelly M. D.

Medical Attendant.

Coroner

Undertaker, W. Donovan

Place of Business, 5 Bank St *Address* 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Want information at inquest

...penalty, notice to the remarks below, and to List of Diseas...

Board of Health, City of Baltimore,

Permit No. 3391 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Cedar Point Furnace

Cause of Death, First (Primary,) Suffocated by Carbonic Acid Gas.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eastern Potters Field

Date of Burial, Sept. 19th. 1875

Undertaker, Jno. Donovan

Place of Business, 5 Bank St.

Thos. Kelly *M. D.*
Medical Attendant.

Address 76 S. Eyeton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

from information received

...physicians is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Krumberger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Eighty — *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alsatia - Bavaria

Duration of Residence in the City of Baltimore, About Thirty-two years

Place of Death, {Give street and number.} No 3 Orne St.

Cause of Death, First (Primary,) Old age

Second (Immediate,) Not known -

Duration of Last Sickness, Not ascertained

All the above information should be furnished by the Physician.

Place of Burial, H. Aghansas [illegible] D. L. Rau — *M. D.*

Date of Burial, the 21st of Sept. Medical Attendant.

Undertaker, P. Kimmel.

Place of Business, 311 Mulberry St. *Address* 97 Mulberry St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Gottaweig

Sex, [illegible] *Female,* {Cross out the word not required in this line.} Gottaweig

Age, ——— *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 11 Fayette St

Cause of Death, {First (Primary,) Bronchitis. / Second (Immediate,)

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's

Date of Burial, Mon. Sept. 20th 2 pm

H. F. Reynolds M. D.
Medical Attendant.

{*Undertaker,* John Brown
{*Place of Business,* 77 D. West St *Address* Eastern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James B E Perry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty eight *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norwich Conn

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} cor Caroline & Biddle Sts

Cause of Death, First (Primary,) Chronic Rheumatism

Second (Immediate,) Chronic Dysentery

Duration of Last Sickness, Dysentery about 6 weeks, Rheumatism several years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 20th 1875

E L Price & Son M. D.
Medical Attendant.

Undertaker, W. N Heckman

Place of Business, 234 N. Eay St.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Hugh Henry Dulaney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Four — *Years,* Eleven — *Months,* Fifteen — *Days.*

Color, White — *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore - Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 108 S. Bethel St

Cause of Death, First (Primary,) Casualty

Second (Immediate,) Traumatic Meningitis.

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cimetery

Date of Burial, September 21st 1875

Joseph Kinsley M. D.
Medical Attendant.

Undertaker, H. H. Schmeyer

Place of Business, 341 Canton Ave. *Address* No 95 S. Broadway Balto - Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

Permit No. 5895

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

Date of Death, Sept 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Robinson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* _____ *Days.* No 9 hours

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 74 S Eyler St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 S Eyler St

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 20th 1875

Undertaker, [redacted] H. Lewis

Place of Business, 65 S Hall St

A Engelhardt M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ysicians is respectfully invited to the remarks below, and to List of Diseases on...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Coulson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 16 *Months,* ~~11~~ 5 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} ____

Cause of Death, First (Primary,) 453 Eager St-
Second (Immediate,) Summer Complaint.

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 21 1875

Dr Geo. H. Grayson M. D.
Medical Attendant.

Undertaker, Wm Fry

Place of Business, Broadway *Address* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5597

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aloysia Furman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 Abbott St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 21 1875

Jas A Steuart M. D.

~~Medical Attendant.~~

Undertaker, Henry Moeck

Place of Business, 349 Canal Av

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Alois Heller Pastor of St Wenslaus Church

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Hall

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ——— *Years,* 1 *Months,* 3 *Days.*

Color, Blk *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 43 Penn Street

Cause of Death, { First (Primary,) / Second (Immediate,) } Inanition

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, W. Pattn Field

Date of Burial, Sept 21st 1875

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, M. H. C. Penn

Place of Business, 148 W. Pratt St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Sarah Hall Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 21 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Standgrave

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 30 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, House-Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Sept 21st 1875

A. Wolfe M. D.
Medical Attendant.

Undertaker, W. Donovan

Place of Business, 5 Bank St

Address Washington University

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

Permit No. 5600

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 Sept. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Roderick Fahy Gibbons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lobster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 15 years

Place of Death, {Give street and number.} No 33 Columbia St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, September 21st 1875

E. O. Atkinson M. D.
Medical Attendant.

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av. *Address* No. 63 E. Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 19th 1875 12 Midnight

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Cole

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Years, 1 Months, 19 Days.

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, House-Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Roscommon Co. Ireland

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 433 Aliceanna St.

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate.)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 21. 1875

{*Undertaker,* Wm. Schilling
Place of Business, 72 Penna. ave

G. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sarah Coleman.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female.

Age, 99. *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co. Maryland

Duration of Residence in the City of Baltimore, 68 years.

Place of Death, {Give street and number.} No. 672 West Pratt St.

Cause of Death, {First (Primary,) Old age

{Second (Immediate,)

Duration of Last Sickness, four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 21st 1875

W. T. Jones M. D.
Medical Attendant.

{*Undertaker,* Hughes & Co

{*Place of Business,* 550 W Fayette St *Address* 96 N. Paca Street,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the remarks below, and to List of Diseas...

Board of Health, City of Baltimore,

Permit No. 5603

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 20. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Schuman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 20 *Days.*

Color, *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 39 Portland Str

Cause of Death, {First (Primary,) Diarrhoea
Second (Immediate,) marasmus

Duration of Last Sickness, 2 month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Come,

Date of Burial, Sep 21st 1875

Undertaker, A. Kibler

Place of Business, 247 E. Lombard *Address* 137 W Fayette str

D Sutherland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rose Andrews.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 6 *Months,* _____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life Residence

Place of Death, {Give street and number.} 123 N. Schroeder St.

Cause of Death, First (Primary,) Phthisis Pulmonalis -

Second (Immediate,) one year and six months

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Sept 21st

Louis W. Knight M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 69 n Liberty *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ians is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

Permit No. 5605

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George K Gaither

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 — *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co. Md.

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number.} 38 Baltimore, Cathedral St

Cause of Death, First (Primary,) Fatty degeneration of Liver. —

Second (Immediate,) General Anasarca

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sep 21st 1875

Thos. H. Smith M. D.
Medical Attendant.

Undertaker, R Kennedy & Son

Place of Business, 92 & Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

Permit No. 5606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie James Graham

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Graham

Age, Four *Years,* Four *Months,* ——— *Days.*

Color, White

Sex,

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } 245 Fay St:

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 21st 1875

Thos. H. Buck M. D.
Medical Attendant.

Undertaker, John H Weaver

Place of Business, # 22 N. Frayette St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5607

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Murphy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cork Ireland

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and number.} 351 Columbia Avenue

Cause of Death, First (Primary,) Simple continued Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, M Peters Cemetery

Date of Burial, Sept 21 st 1875

John C Waters M. D.
Medical Attendant.

Undertaker, W S Cook

Place of Business, No 707 N. Bal st *Address* 498 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...especially invited to the remarks below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 5608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 25
1975
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Banks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18. *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Thompson St near

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, about five weeks Under care 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 21st 1875

Geo. H. Jayson M. D.
Medical Attendant.

Undertaker, Wm H. Hackman

Place of Business, No 237 Gay

Address 18 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...the remarks below, and to List of Diseas...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept- 24th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Robert- Mottu

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 3 Bunning St.

Cause of Death, First (Primary,) Remittent Fever

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 26th 1885

J. E. Flannigan M. D.
Medical Attendant.

Undertaker, Chas E. Arnold

Place of Business, 161 Hanover St. *Address* 721 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

Permit No. 5610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles A. Welshoffer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, about 51 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Machine-Smith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, about 51 years

Place of Death, {Give street and number.} N.W. Cor Franklin & 132 Pine St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) "

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lincoln Park

Date of Burial, Sept 22d

Jno. C. Harris M. D.
Medical Attendant.

Undertaker, P. Kimmel

Place of Business, 317 Mulberry St Address No. 360 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5611 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD. 1875

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rev John Roberts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 60 *Years,* — *Months,* — *Days.*

Color, wht *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England 115 yrs.

Duration of Residence in the City of Baltimore, only on a visit

Place of Death, {Give street and number.} 69 McCulloh St — 12 days

Cause of Death, First (Primary,) / Second (Immediate,) Inflamation of Brain

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Howard Co Md

Date of Burial, Sept 22nd 1875

Dr. St. Jamieson M. D.
Medical Attendant.

Undertaker, Robt. Renwick

Place of Business, Howard St *Address* 69 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 217

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Annie L Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 756 Lee St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diptheria

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet & Theodore Brooks

Date of Burial, Sept 22 75

M. D.
Medical Attendant.

Undertaker, John Leifell

Place of Business, 191 W. Balt St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...to the remarks below, and to List of Diseas...

Board of Health, City of Baltimore,

Permit No. 5613 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Isaac Benjamin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Broker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 22 N. Gay St.

Cause of Death, First (Primary,) Pneumonia, Congestion

Second (Immediate,)

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Levy's Hebrew Cemetery

Date of Burial, Sept 22

Undertaker, Appler Eilau

Place of Business, 101 Lyon

F. W. Hilterbrand M. D.
Medical Attendant.

Address 121 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wilhelmine Guenther

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 61 *Years,* unknown *Months,* unknown *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hannover Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } No 312 Mulberry St

Cause of Death, { First (Primary,) Gastritis / Second (Immediate.) Peritonitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 22nd day of September

{ *Undertaker,* Peter Kummert / *Place of Business,* 317 Mulberry Street *Address* 165 W. Lombard St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept: 21st: 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E: Hicky

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 469 N. Fremont st:

Cause of Death, First (Primary,) Tuberculosis Pulmonalis

Second (Immediate,) "

Duration of Last Sickness, I have attended her for about 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem^y

Date of Burial, Sept 23d 1875

W B Griffith M. D.
Medical Attendant.

Undertaker, Jacob Warner

Place of Business, No 456 N. Fremont

Address 117 Madison st:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 5616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel McComb

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, 71 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and number. } 14 Willow St.

Cause of Death, { First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, September 22nd

Silas N. Hunter M. D.
Medical Attendant.

{ *Undertaker,* John J. Rodenmayer
{ *Place of Business,* Cor. Monument St. & Greenmount ave. *Address* 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 20 minutes after 2 A. M. 22nd September, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Augustin Pearnes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 1 *Months,* 20 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 Month & 20 days

Place of Death, {Give street and number.} No 11 Bird St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ———

Duration of Last Sickness, Nearly all its life.

All the above information should be furnished by the Physician.

Place of Burial, Mt ~~Hope~~ Cathedral Cemetery

Date of Burial, Sep 22 X

Undertaker, H Brice

Place of Business, Henrietta 181

Wm. A. Storks M. D.
Medical Attendant.

Address 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5618 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian List

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 213 Lexington

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate.) Congestion of Brain

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 23rd

G. T. Knight M. D.
Medical Attendant.

Undertaker, John Schuettis

Place of Business, 573 Woodberry Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 22 "75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Ann Short

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 17 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } 116 Ramsay St

Cause of Death, { First (Primary,) Marasmus.
Second (Immediate,) 7 Days

Duration of Last Sickness, ____

All the above Information should be furnished by the Physician.

Place of Burial, Ballenca Cemetery John L. K. Knox M. D.

Date of Burial, Sep 23 Medical Attendant.

Undertaker, J B Crook

Place of Business, 707 West Baltimore St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm. A. Boyd Sr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nearly all his life

Place of Death, {Give street and number.} 304 Holliday St

Cause of Death, {First (Primary,) Phthisis, Pulmonalis. Second (Immediate.)

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 23rd 1875 D. W. Hilkenheyer M. D. Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 50 & 52 Gay St. Address 121 W. Lemmont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5621

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Septr 21.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Ella Hermann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Boundary, Ch. Co. Md.

Cause of Death, { First (Primary,) } Diphtheritis
{ Second (Immediate,) }

Duration of Last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Sept 22.

C. H. Pitt *M. D.*
Medical Attendant.

{ *Undertaker,* Geo. Saffran.
{ *Place of Business,* 121. Rem. Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5622

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 22
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Elizabeth Helzeman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 9 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 149 Albemarle st

Cause of Death, First (Primary,) Emphisema Emphisemia

Second (Immediate,) Apnoea

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 23, 75

Undertaker, Peter Foss

Place of Business, 91 Eutaw St

John A Schulte *M. D.*
Medical Attendant.

Address N E cor Lombard & Hurst Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5623

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE SEP 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Oscar Duling

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 202 Eastern ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 202 Eastern ave

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 23 th

R. N. Manfield *M. D.*
Medical Attendant.

Undertaker, W. Dippel

Place of Business, So. Bond st 151 *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Waylalain

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 24 Barnes St

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. *James A. Steuart* M.D.

Date of Burial, Sept 23 1875

Undertaker, Henry Hoeck

Place of Business, 307 Central Av *Address* Commis'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Maria Conrad Mid wife

[OVER.

Board of Health, City of Baltimore,

Permit No. 1625

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st September 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Stone

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 72 Jefferson st

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Old age

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 22d 1875

Undertaker, Wm. H. Bungee.

Place of Business, No 104 East st *Address* Broadway

Madison st

Wm. L. Rawle M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henrietta Burga.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 18 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 162 Sough

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 123 S. Wolf [illegible]

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Comfort Cem. R. W. Mansfield M. D.

Date of Burial, Sept. 23 d. Medical Attendant.

Undertaker, W. Dissel

Place of Business, S. Bond st 157 *Address* 117 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lowe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 2 *Days.*

Color, White *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 417 Cross

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, September 23rd 1875

Undertaker, David F. Herod

Place of Business, 161 Hanover st

Address 146 Hanover St

Andrew Rose M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5628

HEALTH DEPARTMENT SEP 23 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F. Foster

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, — 63 — *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} 612 W. Baltimore St

Cause of Death, {First (Primary,) Cancer of Breast

{Second (Immediate,) Two Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western C—

Date of Burial, Sept 23. 1878

W. B. Wilson M. D.
Medical Attendant.

{*Undertaker,* J. B. Blackiston & Son

{*Place of Business,* 606 West Balt St *Address* 612 W Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maurice Aubrey Shield

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 659 W. Fayette St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate.) Inflamation of Brain

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sept 23 — 1875

Geo. H. Rusau M. D.
Medical Attendant.

Undertaker, J. B. Blackistone & Son

Place of Business, 606 West Baltimore Address 44 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 23 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly~~ *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Hayes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Teacher.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ryder - Balt Md

Duration of Residence in the City of Baltimore, 58 years

Place of Death, {Give street and number.} #46 N. High st Balt

Cause of Death, First (Primary,) Intramural consumption

Second (Immediate,)

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 23rd 1875

J H Patterson M. D.
Medical Attendant.

Undertaker, John B. Weaver

Place of Business, #22 W. Fayette St *Address* 23 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

SEP 1875 BALTIMORE

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Weatherby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* two *Months,* *Days.*

Color, White *Sex,* female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 260 W Lombard St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Failure of heart

Duration of Last Sickness, twelve months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, September 23rd 1875 J. R. Acker M. D.

Medical Attendant.

Undertaker, John S Meacher

Place of Business, No 150 Camden St, *Address* 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Stallings.

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White *Sex,* female.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 113 Ocall St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 113 Ocall St

Cause of Death, {First (Primary,) Meningitis / Second (Immediate,)

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy Geo. H. Benson M. D.

Date of Burial, Sept 23 1875 Medical Attendant.

Undertaker, Peter Boucher

Place of Business, No 150 Camden Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5633

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28 Sept 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Charles Nothing Gardner

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 1 *Years,* 10 *Months,* — *Days.*

Color, White — *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 81 E. East St Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } No 29 Robinson St Balto

Cause of Death, { First (Primary), Spleen Infantum
Second (Immediate), ...

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Sep. 29 1875

E. A. Williams M. D.
Medical Attendant.

{ *Undertaker,* Wm Fry
{ *Place of Business,* 54 N Broadway *Address* No 60 E. East St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5634

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert L Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 31 *Years,* 2 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} A. A. Co Md

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} 2492 Hanfett St

Cause of Death, {First (Primary,) / Second (Immediate.)} Cerebro Spinal Meningitis

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Bell Grove

Date of Burial, Sept [redacted] 1875

Richd Dappington M. D.
Medical Attendant.

Undertaker, Wm Fry

Place of Business, 54 N Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
2
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Scott Quinn

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 25 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Valvular disease of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Comel

Date of Burial, Sept 22 1875

Undertaker, William Fry

Place of Business, 524 N. Broadway

Thos. B. Evans M. D.
Medical Attendant.

Address 18 Jackson Sq

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josephine Jones

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 19 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Middlesex Co Va

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, { Give street and number. } 5 Walnut Alley

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption of lungs

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 23 September

{ *Undertaker,* James H Davis / *Place of Business,* No 11 Saratoga St } *Address*

R. Winslow M. D.
Medical Attendant.

23 N Caroll St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22-75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Edith White

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* —— *Months,* —— *Days.*

~~*Color,*~~ ~~*Sex,*~~

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } 435 Lexington St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) }

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery C Mc Keaden M. D.

Date of Burial, Sept 24-75 Medical Attendant.

{ *Undertaker,* J S Cook
{ *Place of Business,* No 707 W Bal st *Address* 130 Wagon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Cora Lee Eschbach

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Seven *Months,* Seven *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 19 months & 7 days

Place of Death, {Give street and number.} # 22 E Belvidere St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, about Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mont Clair Cemetery

Date of Burial, Sept 25

James E. Cuthbert M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ferred to the remarks below, and to List of Diseases...

Board of Health, City of Baltimore,

Permit No. 5639

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusto Cesar Carcasses Vidal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, three month *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N.th Carey St. N.° 236.

Cause of Death, First (Primary,) Rhachitis.

Second (Immediate,)

Duration of Last Sickness, 2 month.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 24 September

Dr. Joseph Lopez M. D.
Medical Attendant.

Undertaker, W B Cook

Place of Business, 707 West Baltimore Address. N.th Carey St. N.° 444.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5614

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22 d. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlie Elias Young.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, four *Years,* three (3) *Months,* two *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Catonsville Balto. Co, Md.

Duration of Residence in the City of Baltimore, ~~Three~~ (13) months

Place of Death, {Give street and number.} No. 12 Sterrett St.

Cause of Death, First (Primary,) Bilious remittent

Second (Immediate,) Inf. of Brain

Duration of Last Sickness, Seven (7) days

All the above information should be furnished by the Physician.

Place of Burial, Lockerman Park cem

Date of Burial, Sept 23rd 1875

Undertaker, A B Coates

Place of Business, No 707 W Balto

Geo. H. Monkur M. D.
Medical Attendant.

Address No 15 McAdam St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Higgins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, fifty *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manchester Co Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 4 Necessity Alley

Cause of Death, First (Primary,) Convulsions

Second (Immediate.)

Duration of Last Sickness, 3 three day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Sept 23d 1875

Chas H. Wagner M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, 1163 W Fremont

Address 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Cook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, abt 45 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 182 Lyon St

Cause of Death, First (Primary,) aortic regurgitation, hypertrophy & dilatation

Second (Immediate,) Valvular disease of the heart

Duration of Last Sickness, abt 2 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, September 23d

Undertaker, William J. Gray,

Place of Business, 65 Mulberry st.

H. Winslow M. D.

Medical Attendant.

Address 23 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5643 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernestine Pauline Stuhr

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, three *Years,* seven *Months,* 25 *Days.*

Color, white *Sex,* female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, (via age)

Place of Death, {Give street and number.} N: 411 S. Eutaw St.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) Suffocation

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 24th

Geo. Salzer M. D.
Medical Attendant.

Undertaker, Julius Koether.

Place of Business, 860 S. Sharp St. *Address* 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 50444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George L. Bell.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 12 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Since it's birth

Place of Death, {Give street and number.} No 111 Hall Street

Cause of Death, {First (Primary,) Spasms

{Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 23rd 1875

{*Undertaker,* William H. Dunge

{*Place of Business,* No 14 East St. *Address* No 70 Eutaw St.

Thomas Jopson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd 1875 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Josephine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 368 E. Fayette St.

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept. 24th 75

James E. Donnelly M. D.
Medical Attendant.

Undertaker, Michael Lane

Place of Business, No 280 Eastern Ave Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22 D

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Leach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wheelwright.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 108 Sarah st.

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, the 27th of Sept

Undertaker, P. Timmons.

Place of Business, 511 N. Gilmor St. *Address*

Berg & Agha Corner. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 5647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Egbert F Wentzell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 63 George street

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Sept 24th 1875

H H Dorsey M. D.
Medical Attendant.

{*Undertaker,* Neal Hearn

{*Place of Business,* No 180 Saint Paul Street *Address* 113 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 5618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23d.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Elcliff

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty One *Years,* Six *Months,* — *Days.*

Color, White *Sex,* Female.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 89 N. Caroline

Cause of Death, {First (Primary,) Pulmon. Consumption

{Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery S. T. Coyner *M. D.*

Date of Burial, Sept 23rd Medical Attendant.

{*Undertaker,* Thos J Hugh, *Address* 134 N. High st.

{*Place of Business,* 60 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5649

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1878 8 A. M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dominick Ryan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Mayo County Ireland

Duration of Residence in the City of Baltimore, Twenty four years

Place of Death, { Give street and number. } 29 Henderson Pl. Canton

Cause of Death, First (Primary,) Portal Dropsy

Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, September 24th 1878

James E. Donnelly *M. D.*
Medical Attendant.

Undertaker, H. H. Gilmore

Place of Business, 341 Canton Av. *Address* 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5650 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Hree

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, " "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oldenburgh Germany

Duration of Residence in the City of Baltimore, Eighteen months

Place of Death, {Give street and number.} 78 Grindall St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemitry

Date of Burial, Sept 24.

Undertaker, H. Brice

Place of Business, Hennrietta St

J. F. Brown M. D.
Medical Attendant.

Address 176 S. Howard St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5651 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22nd " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Henry Louis Menkel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 Years 4 Months, 3 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. W. Cor of Ann & Lombard Sts

Cause of Death, First (Primary,) Teething

Second (Immediate.) Dysentery

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery F. A. McManus M. D.

Medical Attendant.

Date of Burial, 24 Sept.

Undertaker, Wm. Sinclair

Place of Business, 25 Bellica Ave. Address 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 5652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22 1910 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gotlieb Kopp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* eleven *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 315 E Lombard st

Cause of Death, First (Primary,) Cardiitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery Dr. Autenrieth M. D.

Date of Burial, Sept. 23 d. Medical Attendant.

Undertaker, H. Diffel

Place of Business, S. Bond st. 151 *Address* 12 - S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ause of Disease.

Board of Health, City of Baltimore,

Permit No. 6653 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22nd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Mulgrew

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number. } 19 Willow St.

Cause of Death. { First (Primary,) Scarlatina Maligna

Second (Immediate,) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Court

Date of Burial, Sept 24 - 1875

S. H. Hunter M. D.
Medical Attendant.

{ *Undertaker,* John I Rodmaye Address 111 Greenmount Ave.
{ *Place of Business* W Cor Greenmount Ave & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Farmer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Milk Vender

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto County Md

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number.} 151 E. Biddle St -

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) ~~Cough~~

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Middletown Md

Date of Burial, Sept 24- 1875

Undertaker, John J Rodemayer

Place of Business, E'ber Dunmont ave & Monument St

Address 181 E Monument St -

E Geo Walls M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 218)

Board of Health, City of Baltimore,

Permit No. 5653 — OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma J. Hyman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 9 *Months,* 5 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 63 Parish St.

Cause of Death, First (Primary,) Peritonitis

Second (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. County H. C. Spencer *M. D.*

Date of Burial, Sept 25th 1875 Medical Attendant.

Undertaker, Jno. B. Cook

Place of Business, 707 W. Balto *Address* 39 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 5636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 3 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Elbert Stevens

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 181 Conway St E.B.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) Dropsy

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 24th

Undertaker, Armstrong & Denny

Place of Business, 263 Eight St

Jos W. Brown M. D.
Medical Attendant.

Address 144 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 5657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Hendricks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71½ Hanover st

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Lynchburg Park Co. L. C. Burch M. D.

Date of Burial, September 24 1875 Medical Attendant.

Undertaker, Charles F. Herold *Address* 141 Hanover St

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5658 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23 Sept. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George B Brown

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 53 *Years,* (*Months,* (*Days.*

Color, W *Sex,* M

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hardware Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 113 E Fayette st

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 25 1875

{ *Undertaker,* E. Young
{ *Place of Business,* 136 E Fayette st.

S. Ridgway Judd M. D.
Medical Attendant.

Address 1121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5657 — OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Infant of Patrick & Ann E. Kindel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and number.} 173 S. Exeter St.

Cause of Death, First (Primary,) Premature Birth

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, September 24th 1875

Undertaker, H. H. Tilmyer

Place of Business, 541 Canton Ave.

Henry A. Whitehead M. D.
Medical Attendant.

Address 251 Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3660 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

Date of Death, 23 Septb 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanor Shadtman

Sex, Male or Female, {Cross out the word not required in this line.} Shadtman

Age, 1. *Years,* 11 *Months,* 9. *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 366 Aisquith-st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Dentitio Difficilis.

Duration of Last Sickness, 26. Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 25/75

Dr Hoffman, M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor e Fayette & Monument st Address 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5661

OFFICE OF REGISTRAR OF VITAL STATISTICS

BALTIMORE. SEP 24 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. S. & Margaret E. Bayne

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 12 hours *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 4 Prospect Lane

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 4 Prospect Lane

Cause of Death, { First (Primary,) / Second (Immediate,) } Probably Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Center

Date of Burial, Septem 25th 1875

Undertaker, Henry Hoeck

Place of Business, 304 Central Ave *Address*

F. A. Warner *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5662

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALTIMORE TIME SEP 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Blk *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2. Cecil Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 24th 1875

M. D.

~~Medical Attendant.~~

Undertaker, John B. Williams *Address* Commiss of Health & Registrar

Place of Business, Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John B. Williams Undertaker

Board of Health, City of Baltimore,

Permit No. 5663 | OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPT. SEP 23 1875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Kerr Cochran

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 28 McCulloh St

Cause of Death, First (Primary,) Capillary Bronchitis.

Second (Immediate,) 1 week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sept 25th 1875

J. H. Hanck M. D.
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 61 E Balto Address 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 5764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Lizzie Jessie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* *Months,* *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 328. W. Fayette

Cause of Death, First (Primary,) Valvular Disease of the Heart

Second (Immediate,)

Duration of Last Sickness, About 4 months —

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery Edwd J Michaelis M. D.

Medical Attendant.

Date of Burial, Sept 25 1875

Undertaker, L. B. Coates

Place of Business, 707 W. Balto St *Address* 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Deck-hand

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Pier 13 Light St wharf

Cause of Death, First (Primary,) Drowned

Second (Immediate,)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, Sept 24th

Undertaker, A. Z. C. Perry

Place of Business, 648 W Baltimore *Address* 98 Lu street

Coroner M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Maria Timas

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, about 40 *Years,* *Months,* *Days.*

Color, Colored ~~*Sex,*~~

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the words not required in this line. }

Occupation, Unknown

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number. } No 4 Eleven Mile

Cause of Death, { First (Primary,) Consumption / Second (Immediate.)

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, Sept 25th

{ *Undertaker,* H H & C Perry / *Place of Business,* 418 N Broadway *Address*

Will Dunn *M. D.*
Coroner
Medical Attendant.
98 Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Coe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Bank Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 17 N. Caroline

Cause of Death, {First (Primary,) Chronic Cachexia

Second (Immediate.)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 26th 1875

{*Undertaker,* Keyser & Co

{*Place of Business,* 65 S Broadway

Dr. James E Donelle M. D.
Medical Attendant.

Address 199 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 Sept 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Elijabeth Bahl

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 00 *Years,* four *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 0

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and number.} 18 Rock St.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, September 25th 1875

G W Pape. M. D.

Medical Attendant.

Undertaker, Adam Heidemayer

Place of Business, 518½ W. Baltimore St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5669 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 22

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Felix N. Spice

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 48 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Chief clerk Balto & Ohio R R'd

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Zanesville Ohio

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Baltimore 236 Myrtle Avenue

Cause of Death, { First (Primary,) Acute Miasmatic Dysentery
Second (Immediate,) Syncope pro" Intercurrent Ague!

Duration of Last Sickness, About 28 days or 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Reggie Buckler M. D.
Medical Attendant.

Date of Burial, Sept 25: 1875

{ *Undertaker,* C H Blizzard
{ *Place of Business,* Cor-of Fannette & Eutaw Sts Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5670

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Ray

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Shuter Street

Cause of Death, {First (Primary,) Cold Catarrh —
Second (Immediate,) Dropsy —

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 25th 1875

{*Undertaker,* Wm N. Bruce
Place of Business, East St

James A Steuart M. D.
~~Medical Attendant~~

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Harriet Ray Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Butler

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 6 Mo *Months,* ____ *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 144 Mulberry St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt.

Date of Burial, Sept 26th 1875

S. H. Butler M. D.
Medical Attendant.

{*Undertaker,* Jacob Hearn
Place of Business, No 476 Gay and Hill Streets

Address 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, September 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry F Klitt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Fourteen Months, ——— Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of ~~Residence~~ in the City of Baltimore,

Place of Death, {Give street and number.} No 5 S. Canal St

Cause of Death, First (Primary.) Teething

Second (Immediate.) Inflamation of the Brain

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sep 26. 1875

A. Bolgs. M. D.
Medical Attendant.

Undertaker, Ch. Keating

Place of Business, 136 E Fayette

Address 139 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No 5673

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Louisa Schuler (Schueler)

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 6 *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Clement st. at 2 Sq. East of Johnson

Cause of Death, { First (Primary,) Scarlet Fever / Second (Immediate,) Dropsy

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Sept. 25th '75

A. M. Dodge M. D.
Medical Attendant.

{ *Undertaker,* Charles Herold
{ *Place of Business,* 61 Hanover st. *Address* 208 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5674

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Francis Chew

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* ——— *Months,* ——— *Days.*

Color, Colored ——— *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Butchers Lane near Baker St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Asthenia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, Sept 25

Undertaker, John C Gordon

Place of Business, 63 Park Ave

William B. Murray M. D.
Medical Attendant.

Address Patterson ave & Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5675 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John ~~Smith~~ Wood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, ____ *Sex,* ____

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md. Lying in Asylum 163 N. Lombard

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} 163 N. Lombard St.

Cause of Death, {First (Primary,) Cyanosis

{Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Field

Date of Burial, Sept 25th 1875

D. A. Gibbs M. D.
Medical Attendant.

Undertaker, W. Donovan

Place of Business, 5. Bank St *Address* 163 N Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th. September

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elura Barton

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} [redacted]

Age, ——— *Years,* three *Months.* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 212 Cover Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Lanicitis

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp st. Cemetery

Date of Burial, Sept 25 75

{*Undertaker,* S W Chase / *Place of Business,* 19 N. Howard st

Geo. H. Elderdice M. D.
Medical Attendant.

Address No. 15 McHenry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5677

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melvina Sheldon

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 Warren Ser

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 26 1875

W. R. Cigar M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St Balto *Address* 129 Sharp Ser

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Adams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E Eager 112

Cause of Death, {First (Primary,) — {Second (Immediate,) Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 26th 1875

{*Undertaker,* Henry W Mears
{*Place of Business,* 64 N Gay St

E. G. Baldwin M. D.
Medical Attendant.

Address 122 E Eager

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5679

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23° 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Veronica Payne

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twelve *Years,* Six *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N 414 W. Fayette St

Cause of Death, First (Primary,) —

Second (Immediate.) Typhoid Fever

Duration of Last Sickness, about three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Sept 25 Christy

F. Whatard M. D.
Medical Attendant.

Undertaker, Joseph B Cook

Place of Business, 707 W. Balto St Address N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5880

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter L ODonavin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 975 William Street

Cause of Death, First (Primary,) Scrofula –

Second (Immediate.) Convulsions & Paralysis –

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem A. M. Dodge M. D.

Date of Burial, Sept 27th 1875 Medical Attendant.

Undertaker, H. F. Krause

Place of Business, 201 Hanover st *Address* 201 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5681

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elmer Jenkins

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 *Years,* 8 *Months,* 22 *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 25 Biddle St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 18 Eutaw Court

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Marasmus
Two months }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible] *Address*

H. D. Baker M. D.
Medical Attendant.

143 N Eutaw St
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Gisele

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 22 Hampstead St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 11

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Strangulation

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Sep. 26th 1875

Undertaker, C. Eckhard

Place of Business, 269 Canton Av. *Address*

A. Fiebiger, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 1895 BALTIMORE

Permit No. 5683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22, 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Olsen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Puerto Rico

Duration of Residence in the City of Baltimore. 63 years

Place of Death, {Give street and number.} No 519 Aisquith St.

Cause of Death, {First (Primary,) Dropsy

{Second (Immediate.)

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 24th 1895

H. L. Spicer *M. D.*

Medical Attendant.

Undertaker, Chas T. Herold

Place of Business, 161 Hanover St *Address* 319 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Jones

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 38 *Years,* *Months,* *Days.*

Color, Colored *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Eastern Shore Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number. } 76 Watson st

Cause of Death, { First (Primary,) Carcinoma Uteri & liver secondarily
Second (Immediate,) Abcess of liver ruptured into

Duration of Last Sickness, 12 ds

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 26th 1875

John A Conner M. D.
Medical Attendant.

Undertaker, William A. Dunce

Place of Business, No 104 East St. *Address* N. W. Cor Broadway & Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Columbus Crook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52, *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Insurance agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} Preston st

Cause of Death, First (Primary,) Suicide

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 26 1875

Geo E Ogle Coroner, M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 1 Lombard Hill *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5686 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Without occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} No 66 Hoyer st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Ct Catholic Cemetery

Date of Burial, Sept 26/75

M. D.
Medical Attendant.

Undertaker, Jas S McShane

Place of Business, Cor Hanover & Hill *Address* Northern Liberties

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and conditlon (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Sanders

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and number.} Washington Univesity Hospital

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, two years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery St Mark's

Date of Burial, Sept. 26

Undertaker, J. Bowen Address Baltimore

Place of Business, 36. Thames. St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Muse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} City Dock, cor. Lancaster & Caroline St.

Cause of Death, First (Primary,)

Second (Immediate,) Accidentally drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cem.

Date of Burial, Sept. 27.

Thos. Kelly M. D.
Medical Attendant.
Coroner

Undertaker, H. Bolton

Place of Business, 36 Thames St. *Address* 70 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jinnie Thompson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Yrs, Dec *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 130 Penn Street

Cause of Death, First (Primary,) Scarlatina :

Second (Immediate,) Dyptheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 27th 1875

Undertaker, Chas. T. Scriven Address 226 Mulberry St

Place of Business, 271 N. Eutaw St

C. C. Lum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5890.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Belbin

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ~~Brass Founder~~ Labour

Birthplace, { State or country (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 21 years

Place of Death, { Give street and number. } 22 S. Exeter

Cause of Death, { First (Primary,) Consumption

Second (Immediate,) Bronchial dilatation - Cynthesis of the lung. Chronic Bronchial

Duration of Last Sickness, 6 months Catarrh - Caseous &c

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Sept. 26. 1875

Undertaker, Mr Thos L. Daiger

Place of Business, 74 S. Broadway *Address* 9 S. High St

Henry H Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Bauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 21 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, his whole life

Place of Death, {Give street and number.} 206 E Fountain

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) exhaustion

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, N. Cathedral

Date of Burial, 26th Sept. 1875 A Friedenwald M. D.

Medical Attendant.

Undertaker, Henry Beine

Place of Business, Alleg Ave 31253 *Address* 28 N Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5692

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do; under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Louisa Jones

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Sept. 26th 1875

{*Undertaker,* Richard Hall

{*Place of Business,* E. Baltimore

Edwd J. Mulhreen M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5693 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep. 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hallow

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. County

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 231 Dolphin St

Cause of Death, {First (Primary,) Phthisis.

{Second (Immediate,) Asthenia

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem *Marbury Brown* M. D.

Date of Burial, Sept 26th 1875 Medical Attendant.

{*Undertaker,* J. Holtzman *Address* 201 W. Pidale St.

{*Place of Business,* 202 Pender

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 56911 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas L. Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1. *Years,* 1 *Months,* — *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 143 S Hughes st.

Cause of Death, First (Primary,) [redacted] Diptheria

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Sept. 26th 1875 Theodore Cook M. D.
Medical Attendant.

Undertaker, E. Hotchkiss

Place of Business, Light st. No 345, *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5695 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 25th 3 p. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Jaibel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18. *Years,* two *Months,* 4 . *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Fleischer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18 year

Place of Death, {Give street and number.} 55 Mulberry St.

Cause of Death, First (Primary,) Lock Jaw.

Second (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Sept 27 1875

Undertaker, Henry Flock

Place of Business, 309 Central Ave

Wm. J. Tilson. M. D.
Medical Attendant.

Address West Saratoga cor. Jasper Alley.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5696

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Nine *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~ {Cross out the word is not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} England

Duration of Residence in the City of Baltimore, Six days

Place of Death, {Give street and number} No 140 Lancaster St

Cause of Death, {First (Primary.) Scarlet Fever / Second (Immediate,)}

Duration of Last Sickness, Two days

All the above Information should be furnished by the Physician

Place of Burial, Old Methodist Cemetary

Date of Burial, September 26th 1875

Thomas D. Evans M. D.
Medical Attendant.

{*Undertaker,* George Froelich / *Place of Business,* No 939 Canton Ave} *Address* No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } James Slyfield

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Manufacturer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co. Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } 10 Patterson Park

Cause of Death, { First (Primary,) Typhoid Fever. / Second (Immediate.) }

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co Md

Date of Burial, Sept 27 1875

Undertaker, Hughes & Co

Place of Business, 658 Broadway *Address*

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 220

Board of Health, City of Baltimore,

Permit No. 5698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 25 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Wickelow

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* 6 *Months,* 11 *Days.*

Color, White. *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Dunn's life.

Place of Death, {Give street and number.} 192 Greenmount Avenue.

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 27th 1875

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St *Address* 55 E. Baltimore St

J. W. Hack, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Adams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 hours ~~Years~~, ~~Months~~, *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ft St Paul St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Ft St Paul St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'y Thomas Shaw M. D.

Date of Burial, Sept 27th 1875 Medical Attendant.

Undertaker, John D. Weaver

Place of Business, #22 W. Fayette St Address 97 Ft St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margareta Friedrich

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Lowes Wife,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, Two years and six months.

Place of Death, {Give street and number.} 340 N. Chapel st

Cause of Death, First (Primary,) Typhoid Dysentery.

Second (Immediate,)

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 27th/75

A. H. Erich M. D.

Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor Risquith & Monument st *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 26th September 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Dempsey

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

~~Occupation,~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 108 N. High Street

Cause of Death, { First (Primary,) Catarrh. Second (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 27 1875

Undertaker, James P. Byrne

Place of Business, 1013 Fremont

Geo. T. Collins M. D.
, Medical Attendant.

Address 46 Richmond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Perott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Eighty-four *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About Fifty-two years.

Place of Death, {Give street and number.} No 18 Watson St

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Not Known

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C. P. Rieur M. D.

Medical Attendant.

Date of Burial, Sept 27 1875

Undertaker, Henry Koch

Place of Business, 304 Eastern Ave *Address* 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57013

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Bayer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* 17 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} E. Monument near Caroline st.

Cause of Death, First (Primary,) Cranetion

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 28 1875

Undertaker, Chas Koenig

Place of Business, 130 E Fayette st

Wm F. Dandt M. D.
Medical Attendant.

Address 2 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ber of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 Septbr 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann. Heinrich. Cuber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 11 *Months,* " *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar manufr.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hessen Germany

Duration of Residence in the City of Baltimore, ab. 6 years.

Place of Death, {Give street and number.} N. W. Cor. Mc Elderry & Edmondson Av.

Cause of Death, First (Primary,) Phthisis pulmonum,
Second (Immediate,)

Duration of Last Sickness, ab. 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Druhill Cem.; C Hoffmann M. D.
Medical Attendant.

Date of Burial, September 28th. 1875.

Undertaker, Henry Koch.

Place of Business, 307 Central Ave. *Address* 57 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 27. 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Maria Glass,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 1 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 110 Walsh St

Cause of Death, { First (Primary,) Opium-eating
Second (Immediate,) Gastro Enteritis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetary

Date of Burial, Sep 28th 1875

{ *Undertaker,* Hughes & Co
Place of Business, Fayette & Republican

John D Pennington M. D.
Medical Attendant.

Address 210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August C. Fahnestock

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, 3 years in United States

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 305 South Charles Street

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Suicide by Hanging

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, Sept 26th

Undertaker, H. H. Perry

Place of Business, 448 W Pratt St

Abbott, Thomas M. D.
~~Medical Attendant.~~
Coroner

Address 98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Johanna Mural

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 41 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, ~~Wife~~ None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester Co. Md

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number. } 28½ Light St

Cause of Death, { First (Primary,) Scirrhus of Stomach. / Second (Immediate.) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. *Jno. H. Benson* *M. D.*

Date of Burial, Tuesday Sept. 28th Medical Attendant.

Undertaker, Hy. W. Denhardt & Son. *Address* 44 Hanover St

Place of Business, 16 Light. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 26. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Scheer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 4 *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 582 Balt. St.

Cause of Death, {First (Primary,) Marasmus.
Second (Immediate.)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J. M. Bilson M. D.

Date of Burial, Sept. 28th 1875 Medical Attendant.

{*Undertaker,* Adam Weidemeyer *Address* 251 Mad Ave.
{*Place of Business,* 518½ W. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 29 BALTIMORE

Permit No. 5709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter L. Hoffman

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 22 years in U S

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Nos 13 & 15 Granby St

Cause of Death, First (Primary,) Casualty - accidentally killed

Second (Immediate.) by fly wheel of Engine

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Sept 29th 1895.

Undertaker, [illegible]

Place of Business, [illegible]

Edmund D Walker M. D.

~~Medical Attendant~~ Coroner

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Henkel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 11 *Months,* 11 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 72 N. Durham st.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Yard

Date of Burial, Sept 28 at 3 Clock

{*Undertaker,* D Boyer.

{*Place of Business,* 78 S. Broadway

Jno L. Davis M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lucy Walker.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Fifty five *Years,* — — *Months,* — — *Days.*

Color, Black. *Sex,* Female —

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Peters Burg Va

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 161 Vine St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Erysipelas.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 28 1875

{*Undertaker,* William Kemp / *Place of Business,* No 10 & East Balto

E. M. Cook, M. D.
Medical Attendant.

Address 245 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 27th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Green

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 38 *Years,* 5 *Months,* 25 *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 38 yrs 5 mo. 25 days.

Place of Death, {Give street and number.} 120 Jefferson St.

Cause of Death, First (Primary,) Inflamation of Bowels & Stomach.
Second (Immediate,)

Duration of Last Sickness, Twelve Days –

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, Sept. 28th 1875.

J. Ghrs M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman *Address* 137 Orleans St.

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5713 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Bishop (Mother)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 2 8 *Days.*

Color, Blk *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 6 Bethel St (South)

Cause of Death, First (Primary,) artificial nursing

Second (Immediate,) Inanition

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Sept 28th 1875

James A Stewart M. D.

{*Undertaker,* Geo T. Jones

{*Place of Business,* 162 S. Dallas St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Georgiana Granger Col'd (Midwife)

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th September

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlie Foy

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* Twenty *Months,* ~~—~~ *Days.*

Color, Colrd *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 164 N. Spring st

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number.} 12 Mc Elderry st et

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Evergreen cemetery

Date of Burial, 27 Sept

Undertaker, John W. Lakes

Place of Business, 65 & W[illegible] st

E. H. Coyner M. D.

Medical Attendant.

Address 134 N High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lemmerman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 180 S. Regester St.

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hebron Cemetery

Date of Burial, 28 Sept.

Undertaker, Wm. Nicolaus

Place of Business, 255 Aliceanna

John H. Rehberger M. D.
Medical Attendant.

Address 143 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia A. C. Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 29 *Days.*

Color, Blk *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 N. Castle St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Bronchitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Sept 28 1875

Thos H Stewart M. D.
Medical Attendant.

Undertaker, John H. Lock

Place of Business, Wolfe St

Address Commissioners of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Davis father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 28 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caleb Merritt.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 Yrs *Years,* *Months,* *Days.*

Color, White *Sex,* Masculine.

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Mechanic.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York State

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give street and number.} 335. E. Baltimore St.

Cause of Death, {First (Primary,) ~~Second (Immediate,)~~} Debility.

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 29 1875

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

J. S. M. Gaither, M. D.
Medical Attendant.

Address 234. Boundary. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah. Schwartz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 15 months.

Place of Death, {Give street and number.} 107 N Gay St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Pt. Heb Cemetery

Date of Burial, Sept 29th 1875

F. E. Shatard Jr. M. D.
Medical Attendant.

Undertaker, Wm E Dace

Place of Business, 101 Gough St *Address* 114 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Dostal

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, house wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, six years

Place of Death, {Give street and number.} 38 Basnet St

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Sep 28th

A. F. Erich M. D.
Medical Attendant.

Undertaker, H. Hunt

Place of Business, Undertaker

Address 94 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3720

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 28 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th Sep 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Alice Cooper

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Blk ~~*Sex,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md.

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} No 3 Johns alley near Eutaw st

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) —

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Pr. H Cemetery G. Lane Tannyhill M. D.

Date of Burial, Sept 28th 1875 Medical Attendant.

Undertaker, Wm I Gray

Place of Business, 63 Mulberry St Address 129 N Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 28th " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Margereth Demand

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~? {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since Born

Place of Death, {Give street and number.} 51 Madeira Alley

Cause of Death, First (Primary,) ~~Inanition~~

Second (Immediate,) Convulsions

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sept 29th 8 a.m.

Undertaker, John Brann

Place of Business, 77 S. Wolfe St.

Pierre G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5722

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Neal

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 62 *Years,* *Months,* *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 26 y.

Place of Death, { Give street and number. } No. 133 E. Baltimore

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,) Dropsy

Duration of Last Sickness, 6

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept. 28. 1895

{ *Undertaker,* M. Athan A. Dwyer

{ *Place of Business,* 74 S. Broadway

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ses, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Margaret Barker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 1 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 54 Eden Street

Cause of Death, First (Primary,) Pertussis Teething & Enteritis

Second (Immediate.) ———

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery (A. C. Kier) *M. D.*

Date of Burial, Sept 29th 4 Oclock Medical Attendant.

Undertaker, George C. Rodemaye, *Address* 13 N. Eden

Place of Business, 38 Eden Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ses on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannie Johnson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, col *Sex,* Female

~~*Married,* *Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Shearing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} Chunet 7th St

Cause of Death, First (Primary,) Drunkenness

Second (Immediate,) Convulsions Congestion of brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Field

Date of Burial, Sept 29th 1875 E. G. Baldwin *M. D.*

Medical Attendant.

Undertaker, W. Donovan

Place of Business, 173 Bank St *Address* 124 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5725

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Dickenson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* " *Months,* " *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook on boat.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Home in City, when not on boat

Place of Death, {Give street and number.} Washington University.

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate.)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Sept 29th 1875

A. C. Wales, M. D.
Medical Attendant.

Undertaker, Wm Donovan

Place of Business, 57 Bank St *Address* Washington University

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 29th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emma Hueber

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, five (5) *Years,* ~~Months,~~ 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 83 Scott Street

Cause of Death, First (Primary,) Bronchitis Capillary.

Second (Immediate,) Collapse of Lung.

Duration of Last Sickness, Ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 29 1875

Wm. N. Hardie M. D.
Medical Attendant.

Undertaker, Charles F. Herold *Address* No. 15 McHenry St

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily M Woods

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 9 Months, 29 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} S W Corner Baltimore & Toward

Duration of Residence in the City of Baltimore, 9 Mos 29 days

Place of Death, {Give street and number.} S W Corner Baltimore & Toward

Cause of Death, {First (Primary,) Inflammation of Bowels.
{Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery C Shirland M. D.

Date of Burial, 29 Sept. 1875 Medical Attendant.

{*Undertaker,* N W Jenkins & Son
{*Place of Business,* 16 Light St *Address* 23 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Bohn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

~~*Married,* *Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dolphin Co Penn

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 41 McCulloh

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, 30th Sept. 1875

W. H. A. Kemp M. D.
Medical Attendant.

{*Undertaker,* H. W. Jenkins & Son

Place of Business, 16 Light st.

Address 53 N. Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 27th 6.15 A.M. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Swann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 4 *Months,* 1 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} "Preston" near Alexandria Va. Alexandria Co.

Duration of Residence in the City of Baltimore, Nine Years.

Place of Death, {Give street and number.} No 177 W. Hoffman St City & Balto.

Cause of Death, First (Primary,) Brain Softening

Second (Immediate,) Apoplexy or Cerebral Effusion

Duration of Last Sickness, Thirty Six hours.

All the above information should be furnished by the Physician.

Place of Burial, "Preston" near Alexandria Va.

Date of Burial, Sept. 29th 1875.

Pearson Chapman M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Sons

Place of Business, 16 Light St

Address 93 McCulloh St. Balto. City Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(Transit 221)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrence Worthington Whalen.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 18 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 219 Hollins St. City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 219 Hollins St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Elerdy Landing W. D. Leguelle M. D.

Date of Burial, Sept 29 Medical Attendant.

Undertaker, J. B. Crook

Place of Business, 707 W. Es Baltimore Address 17 N. Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transcript 222.

6

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew J. Donahue

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Coach-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 176 N. Constitution

Cause of Death, First (Primary,) Phthysis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Last months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 30th 1875

Undertaker, Henry W. Mears

Place of Business, 64 N. Gay St

Thos. S. Latimer M. D.
Medical Attendant.

Address 246 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* ~~Months~~, 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution 10 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary.) atrophy

{Second (Immediate,) convulsions

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, Sep. 29. 1875

Undertaker, W. L. Chalmers

Place of Business, 262 Penn'a Ave

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...REFER TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 5733

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

Date of Death, Sept. 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Katy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 weeks ~~Months,~~ ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the ~~City of Baltimore.~~ Institution 5 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) atrophy

{Second (Immediate,) convulsions.

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Sept. 29. 1875

{*Undertaker,* Jas L. Chalmers

{*Place of Business,* 262 Penn ave

Mabury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

Date of Death, Sept 28 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Vogel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Taylor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Rida Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and number. } E. Pratt 246

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about 3 Month was sickly long ago

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, September 30th

Undertaker, Randolph Appel

Place of Business, 1 Bond Street

C. H. Pick M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sep. 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katy. Shuhan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 145 Pennsylvania Avenue

Duration of Residence in the City of Baltimore, 1 mon.

Place of Death, {Give street and number.} 145 Penn'a Avenue.

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Collapse of lung

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y *Mabury Brewer* M. D.

Date of Burial, Sept 30 1875 Medical Attendant.

Undertaker, D. S. Chalmers *Address* 201 Biddle St.

Place of Business, 262 Penn'a Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Stewart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* 16 *Days.*

Color, *Sex,*

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Nineteen months & Sixteen Days

Place of Death, {Give street and number.} # 5 Sticker st Court

Cause of Death, First (Primary,) Scald

Second (Immediate,)

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician. I was called to see the Child about one hour before its death

Place of Burial, Mt Peace Cemetery James L. Smithiman M. D.

Date of Burial, Sept 29th Medical Attendant.

Undertaker, Wm M. Leonard

Place of Business, 782 W. Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Senn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany Fifteen Years

Duration of Residence in the City of Baltimore, Hebrew Hospital

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Cirrhosis of the Liver

Second (Immediate,) Dropsy

Duration of Last Sickness, Was one week in the Hospital

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 29th September 1875

Undertaker, K Eckart

Place of Business, 269 Canton Ave

Address 88 N Eutaw Street

A Friedenwald M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sista Angelina Riley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, abut 28 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Sista of Charity.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abut 2 Month.

Place of Death, {Give street and number.} Mount Hop. Hospitia. Balt.

Cause of Death, First (Primary,) —

Second (Immediate,) Consumption

Duration of Last Sickness, abut 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope Cemetery

Date of Burial, Sept 30th 1875

Wm. H. Stokes. M. D.
Medical Attendant.

{*Undertaker,* Jas P Byrne
Place of Business, 63 N. Front St

Address 141 St Paul St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...tion and List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th Sept. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pauline Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co, Md.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 41 S. Eutaw

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate.) Tubercular Meningitis

Duration of Last Sickness, Nearly three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Burial ground

Date of Burial,

John Flood *M. D.*
Medical Attendant.

Undertaker, Joseph Lean

Place of Business, Baltimore St. near Fremont *Address* 274 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George V. Stern

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* 1 *Months,* 10 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~S. Charles Street~~ Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Charles St. cor Williamson Alley

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 30 September

L. E. Preinkert M. D.
Medical Attendant.

Undertaker, H. Briele

Place of Business, 81 Henrietta Street *Address* W. Fayette St. 224

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5744

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 30
1895
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29" 95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Lindo

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Washington University

Cause of Death, {First (Primary,) Meningitis,

{Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, East Baltimore A S Bond

Date of Burial, Oct 30 1895

Undertaker, Wm Lorman

Place of Business, 6 E Fayette St

M. D.
Medical Attendant.

Address Washington University

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5742

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... SEP 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A. Jones

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, Blk *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 129 Chesnut alley

Cause of Death, First (Primary,) Atrophy of internal ear

Second (Immediate,) Disease of Brain of head

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 1st 1875

M. D.

Undertaker, John C. Jordon

Place of Business, Park St *Address* Commiss of Health

pro Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Jones Father

[OVER.

...ames above, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno B. Downing

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 136 W. Lombard St

Cause of Death, { First (Primary,) Congestion of Liver, Stomach & Spleen / Second (Immediate,) "Paralysis of the Heart."

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, ~~Oct~~ October 2nd 1875

Undertaker, John A. Weaver

Place of Business, ~~#~~ 22 W. Fayette St

Henry R. Noel M. D.
Medical Attendant.

Address 2010 E. Corey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 223)

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rod Eby Infant

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 4 *Months,* 5 *Days.*

Color, Dark Mon *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 4 Years 5 Days

Place of Death, { Give street and number. } 19 Carlisle Ave

Cause of Death, { First (Primary,) Cold / Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 30

Undertaker, John C Gordon

Place of Business, 63 Park Ave

Jno Dickey M. D.
Medical Attendant.

Address 20 Bond Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matthew Baier

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty eight Years, *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Forty four years

Place of Death, { Give street and number. } 5. 4th & Monument St.

Cause of Death, { First (Primary,) Hydrothorax
Second (Immediate,) }

Duration of Last Sickness, Two Months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct. 1. 1875

Nicholas Schmid M. D.
Medical Attendant.

Undertaker, H. Hofmann.

Place of Business, 62 N. Eden St. *Address* 249 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57446

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Fitzgerald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 20 Maccubbin St.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, ~~Immediate~~ a few minutes

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, 30th Sept 75th

Chas. Kelly M. D.
Medical Attendant.
Coroner

Undertaker, A. Kohler

Place of Business, 244 E Lombard *Address* 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

from information

...and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Veronica Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 13 Chunstal

Cause of Death, { First (Primary,) Cancer
Second (Immediate,)

Duration of Last Sickness, I saw her only a few times before her death - but of course could afford no relief

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetary

Date of Burial, Sept 30 1875

{ *Undertaker,* Andrew Leidy
{ *Place of Business,* 118 Druid Hill Ave *Address*

Wm M Kemp M. D.
Medical Attendant.
55 N Queen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Foy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sheffield, England.

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number.} 76 Booth St.

Cause of Death, First (Primary,) Strangulated Femoral Hernia

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 7 1875

Louis W. Knight M. D.
Medical Attendant.

Undertaker, Wm M. Leonard

Place of Business, N. Balto St *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ses on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's Co. Md

Duration of Residence in the City of Baltimore, ~~St. Marys Co. Md~~ 52 yrs

Place of Death, {Give street and number.} 101 N. Gay St.

Cause of Death, First (Primary,) ~~Stricture, Epistaxis~~ - Old Age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 30th 1875.

L. McSherry M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman.

Place of Business, 234 N. Gay St. *Address* 133 ½ Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ease on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah McPherson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} 145 N. Exeter St.

Cause of Death, {First (Primary,) ~~Old age~~ Bilious typhoid

{Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet.

Date of Burial, Sept 30th 1875.

Undertaker, Wm. H. Dickman.

Place of Business, 234 N. Gay St.

Address 133 N Exeter St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecially directed to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Blundon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 38 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northumberland Co Va

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 4 Aisquith

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *J. A. Gillis* M. D.

Date of Burial, Sept 30th 1875 Medical Attendant.

Undertaker, Wm J Gray *Address* 25 N Green St

Place of Business, 65 Miller St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ow. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad J. Horstmier

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Thirty five *Years,* Ten *Months,* Thirteen *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, as above from birth

Place of Death, {Give street and number.} #301 Stiles St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Burying Ground

Date of Burial, Sept 30th 1875

Undertaker, J. C. Hoey

Place of Business, 91 Exchange

M. D.
Medical Attendant.

Address #305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ber below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57753

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29 " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James M. Murphy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 61 Luzerne St

Cause of Death, {First (Primary,) / Second (Immediate,) Convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery James A Steuart M. D.

Date of Burial, Sept 30 " 1875

Undertaker, H. M. Gibmyer *Address* Commiss of Healt & Registrar

Place of Business, Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Information Robert H. Murphy Father

...ease on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57574

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Dorff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* ——— *Months,* ——— *Days.*

Color, White ~~Sex,~~ ———

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 77 Arlington av.

Cause of Death, {First (Primary,) Dropsy (General)
Second (Immediate.) about one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sept 30th 1875

Undertaker, John L Mucher

Place of Business, No 150 Caroline st

R. C. Lee M. D.
Medical Attendant.

Address N. W. Ca Harrison Barnes sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5755

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Shaw

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 4 S. Broadway

Cause of Death, { First (Primary,) Old age
Second (Immediate,)

Duration of Last Sickness, She had no particular sickness

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Jno. McGaw M. D.

Date of Burial, Oct 3rd 1875 " Medical Attendant.

{ *Undertaker,* Hughes & Co
{ *Place of Business,* 65 S Broadway *Address* 146 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5754

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 29. 7 p. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George ~~Dunphy~~ Delphey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1/8 *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,* Male.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Nurry"

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carol County.

Duration of Residence in the City of Baltimore, Twenty six Years.

Place of Death, {Give street and number.} 178 Linden Ave.

Cause of Death, First (Primary,) ...

Second (Immediate,) Pneumonia.

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 1st 1875

Chas. J. Fitzer. M. D.
Medical Attendant.

Undertaker, Jacob Moore

Place of Business, 6 Druid Hill Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5757.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Wiseman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* 16 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ~~of Frederick & Hamburg St~~

Place of Death, {Give street and number.} 200 Hanover St

Cause of Death, First (Primary,) typhoid fever

Second (Immediate,) hemorrhage of the bowels

Duration of Last Sickness, about a fortnight

All the above information should be furnished by the Physician.

Place of Burial, Christian Cemetery

Date of Burial, Oct 1st 1875

H. Albers *M. D.*

Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, Hanover St *Address* 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Reid, M D.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Edward Co, Pa,

Duration of Residence in the City of Baltimore, 2 Years.

Place of Death, {Give street and number.} 310 Lexington St

Cause of Death, First (Primary,) Apoplexy,

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying Ground Jno. A. Reid, M. D.

Date of Burial, 2nd Oct. 1875 Medical Attendant.

Undertaker, H. W. Jenkins & Son *Address* City

Place of Business, 16 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Jane Forester

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 20 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 409 S Eutaw St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Diarrhoea 11 Weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Clevet

Date of Burial, Nov 1st 1875

Undertaker, Smith & Son

Place of Business, 263 Fay[illegible]

J B Harvey M. D.
Medical Attendant.

Address 76 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5760

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Faust

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 11 *Months,* 28 *Days.*

Color, *Sex,* female

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 13 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 299 Lexington Str

Cause of Death, {First (Primary,) Consumption of lungs

{Second (Immediate,) inanition

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct. 1st

H. Tolbert M. D.
Medical Attendant.

{Undertaker, J. Miller.

{Place of Business, 1. Lexington St. Address 137 W. Fayette Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Geo. W. Benson
144 Hanover
BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Nolan

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 18 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 125 Camden St

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,) }

Duration of Last Sickness, 15 day

All the above information should be furnished by the Physician.

Place of Burial, E. Plus Cemetery

Date of Burial, October 2nd /75

Undertaker, F.A. Trull

Place of Business, 90 S. Howard St

Geo. W. Benson M. D.
Medical Attendant.

Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. /

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Garret

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* / *Months,* 5 *Days.*

Color, Blk — *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number.} House of 28 Saratoga St

Cause of Death, First (Primary,) —

Second (Immediate,) Hives —

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Short St Burial Gd

Date of Burial, Oct 1st 1875

James A Steuart M. D.

~~Undertaker's Assistant.~~

Undertaker, P Kummert

Place of Business, Mulberry St

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information Mary Wilson Midwife and also Samuel Garrett Father

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No.

Board of Health, City of Baltimore,

Permit No. 5763

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Neuman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 5 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Bozen St

Cause of Death, {First (Primary,) Cong't & dep. cold / Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem'y

Date of Burial, October 1st 1875

James H Keating M. D.

Undertaker, John Baum

Place of Business, 77 Wolf St. *Address* Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Father Alois Heller — Pastor

[OVER.

No. 5764

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw. Millar

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 149 Canton Ave.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) Uraemic ~~Uremia~~ poisoning

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, 5th German Reformed St Paul's Cemetery

Date of Burial, Oct 1st 1875

Undertaker, Geo Stocklink

Place of Business, 339 Canton Ave

A. Glanville, ~~Asst~~ M. D.
Medical Attendant.

Address Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

No.

Board of Health, City of Baltimore,

Permit No. 5765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wilkinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 85 *Years,* *Months,* *Days.*

Color, *Sex,*

~~*Married, Single,*~~ *Widow or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, 8 Grain

Place of Death, {Give street and number.} 78 Ridgley St.

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate,) anasarca

Duration of Last Sickness, 4. months.

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md

Date of Burial, Oct 2.) 1875

Undertaker, Smith & Libery

Place of Business, 263 Light St

H. W. Woelge M. D.
Medical Attendant.

Address 201 Hanover St. Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 224)

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes A. Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 4 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long to the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 48 Olivia St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, New Northwood Cemetery *Howard Cook, M. D.*

Date of Burial, Oct. 1. 75. Medical Attendant.

Undertaker, W. H. Chase

Place of Business, 196 W. Howard St. *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 30. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Creamer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months* ~~7~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Harmony Lane

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate,) 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, S. Paul's Grave Yard — J. W. C. Cuddy M. D.
Medical Attendant.

Date of Burial, Oct. 2nd 1875

{*Undertaker,* Rev. J. S. Miller *Address* 363 Franklin St.
{~~*Place of Business,*~~ 276: Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Evelein Hunt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 112 N. Eden St

Cause of Death, { First (Primary,) / Second (Immediate,) } Whooping Cough —

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cem. J. Phys M. D.

Date of Burial, Oct 1 75 Medical Attendant.

Undertaker, A. Kohler *Address* 133 Orleans ln.

Place of Business, 244 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Donnelly

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 80 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, {First (Primary,) a Paralysis

{Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 1 1875

{*Undertaker,* James O Byrne

{*Place of Business* No 63 N Eutaw St

Edw F. Michael M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Maguire

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 10 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life long.

Place of Death, {Give street and number.} 116 S. Entaw ave.

Cause of Death, First (Primary,) Acute Hydrocephalus.

Second (Immediate,)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 1 1875

Undertaker, James D Byrne

Place of Business, N 63 N Front

L Webster Catlett M. D.
Medical Attendant.

Address 1½ S Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 57 71

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30 — 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Johann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, One Months, Three Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 8 Penn St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 8 Penn St.

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus B. G.

Date of Burial, Oct 1st 1875

{ *Undertaker,* Peter Hammond
{ *Place of Business,* 317 Mulberry St

Dr. L. Rieux M. D.
Medical Attendant.

Address 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1771

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5772

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Potts

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, black *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} 130 S. Sharp's St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Gastritis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 1 75

Rob. Mansfield M. D.
Medical Attendant.

Undertaker, J. H. Chase

Place of Business, 194 W. Lombard *Address* 114 & 116 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5773

The Physician who attended any person during last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara H. Perkins

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 29 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 39. Peach.

Cause of Death, First (Primary,) Convulsions

Second (Immediate.) Diphtheria

Duration of Last Sickness, 4 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 1 1875

Leonard Rotta M. D.
Medical Attendant.

Undertaker, J M Chase

Place of Business, No 138 Hanover

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Kuhl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* White *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 50 S. Eutaw St.

Cause of Death, First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, October 2nd 1875

Undertaker, H. & H. Gibmeyer

Place of Business, 341 Canton Ave. *Address*

M. F. Kuhl M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~June~~ Sept 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James T. Shields (Shields

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 37 *Years,* 4 *Months,* 22 *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Ship. Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore. Baltimore was his residence usualy

Place of Death, {Give street and number.} 264 Bank St

Cause of Death, First (Primary,) Disease of heart & Dropsy.

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cimitery

Date of Burial, October 2d 1875

Richard Lee Sheary M. D.
Medical Attendant.

Undertaker, H. H. Gilmeyer

Place of Business, 341 Canton Ave. *Address* 189 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5776

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Heil

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 Tunnel

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Shad pt.

Date of Burial, October 3d 1875

Undertaker, J. D. Chalmers

Place of Business, 188 W. Baltimore

I. H. Anderson M. D.
Medical Attendant.

Address Cor. Saratoga & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificat

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Meyer Rose

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, 55 *Years,* — *Months,* — *Days.*

Color, W — *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 116 S. Howard St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemorrhage of Stomach

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Oft Sholom Cemetery R. J. H. Tall M. D.
Medical Attendant.

Date of Burial, Oct. 3d.

Undertaker, Ophie Eilau

Place of Business, 101 Gough St Address 158 N. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Burke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 8th, S. Schroeder's Ct.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks, Conn

Date of Burial, Oct. 11, 1875

Undertaker, M. A. Daigi

Place of Business, 74 S. Broadway

M. J. Gallagher *M. D.*
Medical Attendant.

Address 208 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of Illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary L. Byrd

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 17 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No. 84 S. Charles St

Cause of Death, { First (Primary,) Typhoid Fever 15 Days. Second (Immediate,)

Duration of Last Sickness, 15 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Oct. 1, 1875

Undertaker, M. A. Langer

Place of Business, 74 S. Broadway *Address*

J. B. Jones *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5780

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1 '75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Luthy

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ___ *Years,* ___ *Months* 2 0 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ___

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pa Finnon

Duration of Residence in the City of Baltimore, ___

Place of Death, { Give street and number. } Prot Infant Asylum 163 N Lanvale

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) ___

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Oct 2 1875

Undertaker, H. Donovan *Address* 163 N Lanvale

Place of Business, 148 S. Central av

D. A. Gilchrist M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

Permit No. 5781

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thirtieth of September 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Maria Teichert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy *Years,* Nine *Months,* Twenty Eight *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} # 214 E Madison

Cause of Death, First (Primary,) Phthisis Pulmonalis & Dilitation of Heart

Second (Immediate,) Exhaustion

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 3rd 75

A. Hartman M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor Fayette & Monument Sts

Address #305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...l Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie R Long

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt^r Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 8 Hanover Alley

Cause of Death, First (Primary,) Inflammatory Croup

Second (Immediate,) Congestion & Exhaustion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 2^d of October

Undertaker, Adam Sink

Place of Business, 461 W. Gay St *Address*

D. H. Graves *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

Permit No. 5783

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Schaal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* — *Months,* 26 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Grinder & Polisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 213 Hanford Aven.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) ((Asthenia)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 3rd 1875

Abram B. Arnold M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, ~~#~~ 22 W. Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...r Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Priscilla Pane & Allen Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 279 S. Eutaw St

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem 134 James Lemmon M. D.

Date of Burial, October 2nd 1875 Attending Physician

Undertaker, S. W. Chase

Place of Business, S. Howard *Address* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information Susan E. Armstrong Midwife

Physicians is respectfully invited to the remarks below, and to list of Diseases on back of [illegible]

Board of Health, City of Baltimore,

Permit No. 5785 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 2. 1875 BALTIMORE.

Date of Death, October 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Kate Sutton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* 29 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} Hull st near Fort Av.

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity St Ground

Date of Burial, Oct 2nd 1875

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

P. L. Dausch M. D.
Medical Attendant.

Address 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT OCT 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellenora Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* *Days.*

Color Col. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Sarah Ann St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Zarual Cemetery

Date of Burial, October 2

Undertaker, John C Gordon

Place of Business, 63 Park Ave

W. B. Browne *M. D.*

Medical Attendant.

Address 307 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2. 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th of September 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Fleischmann

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mott Nr. 20.

Cause of Death, { First. (Primary,) Chronic Croup.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ev. Lutheran Emanuel Cemetery Druid Hill Park Fred. Co. Md. M. D.
Medical Attendant.

Date of Burial, Sept 26th/75

Undertaker, Geo. Schilling

Place of Business, Address cor Aisquith & Monument sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ntion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 5788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 1. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Richard Machin

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* ~~*Days.*~~

Color, Colt. ~~*Sex,*~~

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 5 m

Place of Death, {Give street and number.} 56 Preston St Balto

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Inflammation of Intestines

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 2d 1875

G. L Tanyhill M. D.
Medical Attendant.

Undertaker, Geo Loane

Place of Business, 518 W Balto. st *Address* 129 W Biddle st Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 5789 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~September~~ October 2nd 3 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matheas Straubinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~fourty four~~ *Years,* one *Months,* six *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, six years

Place of Death, {Give street and number.} 82. Federic Avenue

Cause of Death, First (Primary,) Pleurisy

Second (Immediate,) Phisis Pulmonum

Duration of Last Sickness, three months,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 3rd

Undertaker, John T. Paules

Place of Business, 66 Federic Avenue *Address* 165 W. Lombard St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE.

Date of Death, Oct 1. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 8. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~. Institution 10 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Atrophy

{Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, Oct 2. 1875

Undertaker, Jas. J. Chalmers

Place of Business, 262 Penn^a Ave

Mahlon Brewer M. D.
Medical Attendant.

Address 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...r Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Schlabacker.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days.*

Color, Wh. *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 419 Cross St.

Cause of Death, {First (Primary,) Croup —
Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, October 3d 1875

R. J. H. Tall, M. D.
Medical Attendant.

Undertaker, Julius Koehler Address 158, Sharp St.

Place of Business, Cor Sharp & Cross st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 5792

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Harris

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 58 *Years,* 9 *Months,* 6 *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt^o. City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 53 Warren St.

Cause of Death, {First (Primary,) Pleuro-Pneumonia

{Second (Immediate.) Heart. Complicating (Probably) Sudden

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 4

{*Undertaker,* Armstrong & Denny

{*Place of Business,* 263 Light St

Jno Carey Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 5793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. OCT 2 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Josephine Sneeman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 90 Sommerset St

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ct

Date of Burial, October 3, 1875

Undertaker, Henry Hoeck

Place of Business, 309 Central Av.

A Bauernfeind M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to list of diseases on back.

Board of Health, City of Baltimore,

Permit No. 5794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

ALTIMORE DEPARTMENT OCT 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Schaub

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 28 years in U S

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, {Give street and number.} Residence 254 E. Eager — Died in Lying in Hospital

Cause of Death, First (Primary,) } old age

Second (Immediate,)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cl

Date of Burial, Oct 4, 1875

Undertaker, Henry Hoeck

Place of Business, 69 Central Av

Edmund Rix & Co. M. D.

Medical Attendant.

Coroner N. P. District

Address 180 E. Lee Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to use of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Lewis Scott

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 4 Vincent alley

Cause of Death, { First (Primary,) / Second (Immediate,) } Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, October 3 1875 Medical Attendant

Undertaker, Wm N. Dungee *Address* Commissioners of Health & Registration

Place of Business, East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by John Scott Father

Board of Health, City of Baltimore,

Permit No. 5796 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st Oct 2d 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George W. Wimpson

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, Sixty six *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Seaman.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia Pa.

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, { Give street and number. } No 208 E. Lombard St.

Cause of Death, { First (Primary,) ..... Second (Immediate,) Consumption.

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Oct 4th 1875

{ *Undertaker,* Thos L Hughes

{ *Place of Business,* 60 E Balto

Nicholas T. Orrell M. D.
Medical Attendant.

Address 207 E. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 5797

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura E. Pattison

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, Wh — *Sex,* Fem

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 S. Sharp St.

Cause of Death, {First (Primary,) Cerebro-Spinal Meningitis
Second (Immediate,)

Duration of Last Sickness, two months.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Oct 3rd 1875

Dr. J. H. Tall M. D.
Medical Attendant.

Undertaker, Thos. O. Hughes

Place of Business, 111 E Balto Address 15 & S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 5798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1875 BALTIMORE.

CERTIFICATE OF DEATH,

Date of Death, October 2d.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Barbara Babetta Hauck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} female

Age, 56 *Years,* 9 *Months,* 21 *Days.*

Color,

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 26 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 525 W. Baltimore St.

Cause of Death, { First (Primary,) Cancer of liver

{ Second (Immediate,) Ignition

Duration of Last Sickness, 6 month.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Oct. 5th 1875

Undertaker, Adam Weidemeyer

Place of Business, 578½ W. Baltimore St. *Address* 137 W Fayette St

Dr Ottorcutt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 5777. OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John S. Mattison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, 70 yrs.

Place of Death, {Give street and number.} 54 Courtland St.

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 5th 1875

Undertaker, M. A. Dougherty

Place of Business, 714 S. Broadway

John F. Monmonier M. D.
Medical Attendant.

S. W. Cor Edmondson Ave & Fulton

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 58111 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Krauss

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Birth "

Place of Death, {Give street and number.} 323 Easton Avenue Baltimore Md.

Cause of Death, First (Primary,) Carcinoma Uteri

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Ground Third Pt.

Date of Burial, Oct. 4, 1875

Undertaker, H. A. Daige

Place of Business, 745 Broadway

Dr. J. Lusby M. D.
Medical Attendant.

Address 232 Easton Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 5801. OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Strond County Mayo - Ireland

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 308½ W. Pratt St

Cause of Death, { First (Primary,) Apoplexy
Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct. 3d 1875

{ *Undertaker,* M. A. Logue
{ *Place of Business,* 74 S. Broadway

James E. Donnelle M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 5802. OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. E. Pauline Pischel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 41 *Years,* 6 *Months,* 14 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, four years

Place of Death, {Give street and number.} 183 Eastern Ave

Cause of Death, First (Primary,) Strangulated Hernia

Second (Immediate.) Pyhemia

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Burying ground

Date of Burial, October 3rd 1875

Undertaker, Henry Sander

Place of Business, 252 Eastern Ave.

Dr Winternitz M. D.
Medical Attendant.

Address 12 E Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 5803.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Wallace

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England - 1 year

Duration of Residence in the City of Baltimore, - 1 Year

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, { First (Primary,) Consumption
Second (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, October 3d 1875

Chas Fawcett M. D.
Medical Attendant.

{ *Undertaker,* Andrew Leitz
Place of Business, 118 Druid H. St *Address* 93 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...f Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 5804

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant but named, give names of parents. } Joanna Fisher

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 32 *Years,* 7 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower.~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Co.

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and number. } 78 Greenmount Ave.

Cause of Death, { First (Primary,) Marasmus

Second (Immediate.) 4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hereford. Balto. Co

Date of Burial, Oct. 5th 1875

Undertaker, John J. Rodenmayer

Place of Business, Cor. Greenmount Ave & Monument St.

S. N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit 225

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 7805 — OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Margaret Latimer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia Pa

Duration of Residence in the City of Baltimore, Five weeks

Place of Death, { Give street and number. } 127 Druid Hill ave

Cause of Death, { First (Primary,) } Phthysis Pulmonales

{ Second (Immediate,) } "

Duration of Last Sickness, Six Months "

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, Oct 4th 1875

{ *Undertaker,* Andrew Leck

{ *Place of Business,* 118 Druid Hill Ave

Thos. S. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit Permit 226.

Board of Health, City of Baltimore,

Permit No. 5806

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3d. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna C. Wolf

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 342 Canton Av.

Cause of Death, {First (Primary,) Trismus Nascentium.
Second (Immediate.)

Duration of Last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 4 October

{*Undertaker,* Schell & Strauch
Place of Business, 265 Aliceanna

A. F. Erich *M. D.*
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 5807.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hamilton Douglas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 127 Welcome Alley

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 4 1875

Undertaker, W M Chase

Place of Business, No 178 Howard

J Harvey Gill *M. D.*
Medical Attendant.

Address 90 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

OCT 1878 BALTIMORE

Permit No. 5808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore October 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Howard Collin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~ Years, Months, Twelve Days.

Color, Colored *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Infant

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Twelve days & a

Place of Death, {Give street and number.} Cracklin court in the rear

Cause of Death, First (Primary,) Tubercular Scrofulous

Second (Immediate,) Paralysis and Convulsion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cemetery

Date of Burial, Oct 4 1878

Undertaker, W M Chase

Place of Business, No 198 Howard St

L. Dyer M. D.

Medical Attendant.

Address No 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALTIMORE OCT 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Schneider

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Butcher

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 962 Pratt St.

Cause of Death, { First (Primary,) Unknown to the jury

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 2 Nov 1896

Dr. G. H. Corner *M. D.*
Medical Attendant.

Undertaker, J. L. Carlin

Place of Business, 60 Pratt St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5810 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hochadel

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 167 N Eden St

Cause of Death, First (Primary,)

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Oct 24/75

J J Lynch M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address* 137 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo 3rd C. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dalrymple (Father)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* Nine (9) *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 4 Centre St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 4 Centre St

Cause of Death, {First (Primary,) Inanition } {Second (Immediate,) Infantile Convulsions}

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem Geo. B. Reynolds M. D.

Date of Burial, Oct 4th 1875 Medical Attendant.

Undertaker, Jos I Rodman & *Address*

Place of Business, N E Cor Fayette & Monument Sts 34 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5812

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James L. Pinkerton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 92 n. Caroline St

Cause of Death, {First (Primary,) / Second (Immediate,)} Abscess - Intra Cranial

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 4th 1875

Undertaker, H. Schultheis.

Place of Business, E Monument No. 261

J J Griffs — M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5813 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Frith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 94 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford ~~Baltimore~~ County Md.

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} Home of Aged M.E. Church

Cause of Death, { First (Primary,) Old Age,
Second (Immediate,) 1 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cty

Date of Burial, October 4th 1875

J. R. Ahler M. D.
Medical Attendant.

Undertaker, John S Hacker

Place of Business, No 150 Camden St *Address* 234 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5814 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredk. Menke.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, Wh — *Sex,* Male

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Tailor.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and number.} 433 N. Pratt St.

Cause of Death, First (Primary,) Chronic. Val. Disease of Heart

Second (Immediate,) Dropsy.

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cb

Date of Burial, Oct 6th 1875

R. J. H. Tall. M. D.
Medical Attendant.

Undertaker, John Meechan

Place of Business, No 150 Camden St *Address* 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5815 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H D 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Marker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } .....

Age, 2 *Years,* 3 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 10 Abbott St

Cause of Death, { First (Primary,) Malarial fever / Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ct.

Date of Burial, October 4 1875

{ *Undertaker,* Henry Koch / *Place of Business,* 309 Central Av.

F. A. Warne *M. D.*
Medical Attendant.

Address 256 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES OF BAC

Board of Health, City of Baltimore,

Permit No. 5816

OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 13 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 120 Montgomery St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Croup

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, October 4th 1875

James A Steuart M. D.

Undertaker, Jas H. Davis

Place of Business, Saratoga St Address Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Nancy Garrison - Friend

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 5817

HEALTH DEPT. OCT 4 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Josef Thornton Frisby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 9 *Months,* 18 *Days.*

Color, white *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 188 N. Broadway

Cause of Death, First (Primary.) Rheumatic Carditis.

Second (Immediate.) Dropsy

Duration of Last Sickness, about 5 months

All the above information should be furnished by the Physician.

Place of Burial, Balt. County Chas. J. Kluber *M. D.*

Date of Burial, Oct 4 1875 Medical Attendant.

Undertaker, Wm Fry

Place of Business, 54 N Broadway *Address* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 5818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~correctly filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew. P. Davis —

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 — *Years,* *Months,* *Days.*

Color, White *Sex,* Male —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Book-Keeper —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22 Years —

Place of Death, {Give street and number.} 117. N. Eden St —

Cause of Death, {First (Primary,) Rheumatism

{Second (Immediate,) Heart Disease —

Duration of Last Sickness, 14 Days —

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Oct 5 1875

{*Undertaker,* James O Byrne

{*Place of Business,* N° 63 N Front St

Jas J Gross. M. D.
Medical Attendant.

Address 137. Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5819

HEALTH DEPT. OCT 4 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3rd Oct: 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eliza Carter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* ——— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widowed

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 80 years

Place of Death, {Give street and number.} 214 W. Fayette between N. Ba[illegible]

Cause of Death, {First (Primary,) Cerebral Hemorrhage
Second (Immediate,) Paralysis

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, October 5th 1875

{*Undertaker,* John H. Weaver
{*Place of Business,* #22 W. Fayette St *Address*

J. Donaldson M.D.
Medical Attendant.
108 Paca
Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 5820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 3/75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* —— *Months,* Ten *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 84 Boyd St.

Cause of Death, { First (Primary,) Chronic Gastro enteritis
Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 4

Undertaker, J B Cook

Place of Business, 707 W Baltimore *Address* "

Thomas Opie *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5821 OFFICE OF REGISTRAR OF VITAL STATISTI

HEALTH DEPA OCT 4 1875 BALTIMO

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Goulden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 12 *Days.* 1

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 115 Ridgely st

Cause of Death, First (Primary,) Croup membranous

Second (Immediate,) Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Oct 4

Undertaker, J B Cook

Place of Business, 707 W Baltimore st

C. L. Bartlett M. D.
Medical Attendant.

Address No 106 Clinton st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3822

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th Oct 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Thomas Sanders

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* 16 *Months,* 2 *Days.*

Color, ____ *Sex,* ____

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 16 Months

Place of Death, { Give street and number. } 9 N. E. Cor Biddle & Eastern Ave

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Exhaustion }

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 5th 1875.

Wm. H. Wood M. D.
Medical Attendant.

{ *Undertaker,* Wm. H. Hickman.
{ *Place of Business,* 234 N. Gay St. *Address* 1 Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5823 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3. 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary F Warnken

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 5 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 186 Bongard Pl

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, October 5th 1875

Undertaker, Adam Weidemeyer

Place of Business, 578½ W. Baltimore St. *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes F. Bevan

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } A. A. Co. Maryland

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, { Give street and number. } 99 S. Paca St.

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, About one year.

All the above information should be furnished by the Physician.

Place of Burial, Annearundel Co. Alex Stevens M. D.

Medical Attendant.

Date of Burial, Oct. 5th 1875

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Bay St. *Address* 148 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 5825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 2, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Matty Daffy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland. In U.S. 38 yrs

Duration of Residence in the City of Baltimore, 38

Place of Death, {Give street and number.} 116 N. Schroeder St.

Cause of Death, First (Primary,) Malarial Fever

Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J. Shelton Hill *M. D.*

Date of Burial, October 5th 1875 Medical Attendant.

Undertaker, Fred T. Namuth

Place of Business, 116 Schroeder St *Address* 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5826

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~October~~ Oct 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie ~~Henry~~ Gowran

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 310 Johnson St

Cause of Death, {First (Primary,) Old age
Second (Immediate,) Softening of the Brain

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem Theodore Dr & C

Date of Burial, Oct 4th 1895

M. D.
Medical Attendant.

Undertaker, Julius Koehler *Address* 146 Hanover St

Place of Business, cor Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 5827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 4 1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4. 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Catharine Bles

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years* 7 *Months,* *Days.*

Color, White *Sex,* /

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, /

Place of Death, { Give street and number. } 188 Burgundy Alley

Cause of Death, { First (Primary,) Diptheria / Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Oct 5 1875

D Lucas *M. D.*
Medical Attendant.

{ *Undertaker,* A. Dulgo
{ *Place of Business,* 244 E Lombard / *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES OF [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5828

HEALTH DEPARTMENT 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Washington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 88 N. Bethel St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Summer Complaint

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 5th 1875

Undertaker, John W. Locke

Place of Business, Wolf St

James H Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Washington Father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 5829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd

Full Name of Deceased, {Write legibly and spell correctly. If no infant not named, give names of parents.} Ida Hood

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 393 S Charles

Cause of Death, {First (Primary,) Puerperal Convulsions

{Second (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 5th 1875

A Sheldon Smith M. D.
Medical Attendant.

Undertaker, Wm Young Denny

Place of Business, 263 Light St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5831

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Poppeck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Four *Months,* ——— *Days.*

Color, ——— White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country and how long in the United States, if of foreign birth} Baltimore City Md

Duration of Residence in the City of Baltimore, ——— Life

Place of Death, {Give street and number} No 334 Canton ave

Cause of Death, {First (Primary,) Meningites, Tubercular

Second (Immediate,)

Duration of Last Sickness, ——— Seven days

All the above information should be furnished by the Physician

Place of Burial, [redacted] Cemetery

Date of Burial, October 5th 1875

Undertaker, Henry Gibmeyer

Place of Business, No 334 Canton ave

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5831 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louisa Rimby

Sex, ~~Male~~ ~~or Female~~, {Cross out the word not required in this line.} Female

Age, Sup. *Years,* 11 *Months,* 5 *Days.*

Color, White

~~Married, Single, Widow or Widower~~ {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} No 185 Gist St

Cause of Death, {First (Primary.) Scarlet Fever / Second (Immediate.)}

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, October 5th 1875

Undertaker, Wm Gitmeyer

Place of Business, Canton ave

Thomas R. Evans M. D.
Medical Attendant.

Address No 18 Packson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 5832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore October 2d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella H Staten.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years. Nine Months, Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During her life

Place of Death, {Give street and number.} No 174 York St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Tuberculoid and Congestion

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, October 4th 75

Undertaker, John D. Williams

Place of Business, 107 Lee St

J. D. D. M. D.
Medical Attendant.

Address No 146 Hill St
Baltimore
Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5833 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE REGISTRAR'S DEPARTMENT OCT 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* six *Months,* *Days.*

Color, Mulatto *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 33 yrs 6 months

Place of Death, {Give street and number.} 35 Wayne St

Cause of Death, First (Primary,) Second (Immediate,) Dysentery

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, October 4th 1875

Jno. H. White M. D.
Medical Attendant.

Undertaker, John B. Williams

Place of Business, 107 Lee St *Address* 12 S. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 5894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurred, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Abram Lee Smyth

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 9 *Months,* 4 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 281 N. Broadway

Cause of Death, { First (Primary,) Malignant Scarlet Fever / Second (Immediate,) Asthenia.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Oct. 5th, 1875

Chas J. Kluber M. D.
Medical Attendant.

Undertaker, Wm. H. Buchman *Address* 222 N. Broadway

Place of Business, 234 E. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No 5835

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Ann. Mc[illegible]

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 68 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

~~Married, Single~~, *Widow* ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Navy. Dr. Gos Md

Duration of Residence in the City of Baltimore, 15 Days

Place of Death, { Give street and number. } 11 Bowdoin Ave

Cause of Death, { First (Primary,) / Second (Immediate,) } Paralysis

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 3 Oclock 5th inst

{ *Undertaker,* Wm. Mosier / *Place of Business,* 11 & 13 Druid Hill Ave City }

Geo. W. Benson M. D.
Medical Attendant.

Address 84 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 5886 –

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda L. Ohr

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Ridgely st Exeter

Cause of Death, {First (Primary,) Ante Partin Puerpal Convulsion
Second (Immediate,)

Duration of Last Sickness, 3 day

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery Geo. W. Benson M. D.

Date of Burial, Oct. 5 1875 Medical Attendant.

Undertaker, W. Jenkins & Son *Address* 44 Hanover

Place of Business, 11 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5897

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4. 75-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Kenedy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 90 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, 72 years

Place of Death, {Give street and number.} 14 N. Stricker St

Cause of Death, {First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, About 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 5th Oct 1875

{*Undertaker,* Henry N. Curtis & Son

{*Place of Business,* 16 Light St

H. L. Walton M. D.
Medical Attendant.

Address 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 5838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1.15 1.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. McDonnell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Eight *Months,* Twenty Nine *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 56 Albemarle St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 Albemarle St

Cause of Death, First (Primary,) Aug 5th 1875 was struck in the forehead with a stone by a boy on the street injuring the brain, which

Second (Immediate.) has caused his death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery A Gregg Shertzer M. D.

Date of Burial, Oct 6th 1875 Medical Attendant.

Undertaker, Jas O Byrne

Place of Business, 63 N Fronth *Address* 117 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5839 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Hall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } P. G. Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Amity & Booth Sts

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption of Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6th

Undertaker, L. Kimmel

Place of Business, 217 Hanover St. *Address* 182 N Eutaw

W. R. McKim *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 58470 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd " 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Welfer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 11 Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 35 Monroe st

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 5 Oct 1875 Geo. H. Dario M. D.

Medical Attendant.

Undertaker, J. F. Bowles

Place of Business, 66 Frederick Ave *Address* 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5841 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Srbastian Dick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} Smith St. No. 6

Cause of Death, First (Primary,) ____ Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Oct 5.

Septimus Brown M. D.
Medical Attendant.

Undertaker, Geo. Lafean.

Place of Business, [illegible] *Address* No. 296 Penn. Aven.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

Permit No. 3842

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Young.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 71 Chestnut A.

Cause of Death, {First (Primary,) Exhaustion

{Second (Immediate,) Cancer of Breast.

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Farnel Cemetery

Date of Burial, October 5

Chas. H. Buckley M. D.
Medical Attendant.

{*Undertaker,* John C Jordon

{*Place of Business,* 63 Park Ave *Address* 128 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 5814 3.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About Sixty *Years,* ——— *Months,* ——— *Days.*

Color, Mulatto half White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook on a Boat

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Maryland

Duration of Residence in the City of Baltimore, The Greater Part of his Life

Place of Death, {Give street and number.} Spring St. No. 96

Cause of Death, First (Primary,) Debauchery

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 5th 1875

A. J. Foard M. D.
Medical Attendant.

Undertaker, Wm. H. Dungee

Place of Business, No 104 East St *Address* No. 16 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3844. OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary George Ruckle.

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Dies Life.

Place of Death, {Give street and number.} 78 N. Green St.

Cause of Death, First (Primary,) Epithelioma of Uterus,

Second (Immediate,)

Duration of Last Sickness, 1 Year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 6th 1875

Undertaker, John A. Weaver

Place of Business, # 22 W. Fayette St

J. H. Hack M. D.
Medical Attendant.

Address 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38145 — OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~John~~ Gaither

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* " *Months,* " *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Frederick County Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Wright at Baltimore

Cause of Death, First (Primary,) Typhoid

Second (Immediate,) Coma

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 5th 1875

Undertaker, Martin Fahey

Place of Business, _____ *Address*

Not Entertained *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 5846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4. 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Ostin

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 5 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 188 Burgundy alley

Cause of Death, { First (Primary,) Diphtheria / Second (Immediate,) }

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus R.C.m.

Date of Burial, 5th Oct 75

E Gustus, M. D.
Medical Attendant.

{ *Undertaker,* A. Kohler
{ *Place of Business* 244 Lombard *Address* 154 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 5847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. Fields

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St Agnes Hospital

Cause of Death, { First (Primary,) Pulmonary Consumption

{ Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, Oct 5th 1875

Undertaker, Joseph Byrne

Place of Business, 59 & Liberty St *Address* 279 W. Lombard

Edwd F. Mechlenburg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 5818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann McKenna

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 20 years

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 408 Hanover St

Cause of Death, {First (Primary,) ——— Second (Immediate,)} Old age

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, October 6th 1875

{*Undertaker,* Joseph F. Byrne *Place of Business,* N. Liberty St} *Address* Commiss of Health & Registrar

Samuel Staub M. D.
Maryland & Virginia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

Information by Joseph F Byrne Undertaker [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 5849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ford

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 6 *Months,* *Days.*

Color, *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic Duties

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} No 4 Miller st

Cause of Death, {First (Primary,) Cholera Morbus

Second (Immediate,) Exhaustion}

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Geo. L. Thomas *M. D.*

Date of Burial, 5th Oct 1875 Medical Attendant.

Undertaker, Wm Ely

Place of Business, Cor Broadway & Wagille st *Address* Broadway cor Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5857 — OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... OCT 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Alice S Thornton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* One *Months,* Fifteen *Days.*

Color, White *Sex,* Fe Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calverton Baltimore Co. Md.

Duration of Residence in the City of Baltimore, Three weeks.

Place of Death, {Give street and number.} 23 Woodland Street

Cause of Death, First (Primary,) Inflammation of Bowels

Second (Immediate,) Exanition

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *W. A. B. Sellman* M. D.

Date of Burial, Octob 6th 1875 Medical Attendant.

Undertaker, Fred T. Namack

Place of Business, Saratoga St *Address* Cor Lanvale & Marrellton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5851 — OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lafayette Adrian

~~*Sex,* Male or Female,~~ { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single,* ~~Widow or Widower~~ { If required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 199 Penn. Ave.

Duration of Residence in the City of Baltimore, 2 days

Place of Death, { Give street and number. } 199 Penn Ave.

Cause of Death, { First (Primary,) Leyanosis / Second (Immediate,) }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, October 5th 1875 — Louis M. Eastman M. D.
Medical Attendant.

Undertaker, M. Schelling

Place of Business, Penn Ave *Address* 819 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 5852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 about *Years,* *Months,* *Days.*

Color, black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Jones Falls near Pratt St Bridge

Cause of Death, First (Primary,) Drowning accidental

Second (Immediate,)

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Octob 5th 1875

Undertaker, Wm Donovan

Place of Business, 148 S. Central Ave

Edmd R Walker M. D.

~~Medical Attendant.~~ Coroner in P. Dist

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5853 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE OCT 1875

CERTIFICATE OF DEATH.

Date of Death, October 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Scott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, Black *Sex,*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} No. 82 Moores alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Oct 5 1875

F. B. Gardner M. D.
Medical Attendant.

Undertaker, Wilbur F Bruce

Place of Business, 104 East st *Address* 121 Mulberry st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES OF

Board of Health, City of Baltimore,

Permit No. 5854

OFFICE OF REGISTRAR OF VITAL STATIS

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Boston

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 12 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 79 S. Stanford St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Asthenia

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, October 6th 1875 Jams A Steuart M. D.

Undertaker, Wm N. Dunger

Place of Business, East St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Gant Midwife

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5855 — OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALTH
1815
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Nieman.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 44 *Years,* 8 *Months,* — *Days.*

Color, Wh — *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 368 West St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. R. J. H. Tall M. D.

Date of Burial, Sept. 6th 1875 Medical Attendant.

Undertaker, Julius Koehler Address 158. S. Sharp St.

Place of Business, cor Sharp & Cross sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5856

OFFICE OF REGISTRAR OF VITAL STATI

OCT

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1/11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Sanahan

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} .....

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Parish of Codelough Co Cork Ireland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 20 Valley St

Cause of Death, {First (Primary,) Chronic Hepatitis

Second (Immediate,)

Duration of Last Sickness, Five or 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, 6th October 1911 Chas O Donnell *M. D.*

Medical Attendant.

{*Undertaker,* Jas. P. Byrne

{*Place of Business,* No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1857

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura Valentine Hazelip

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 11 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } child

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, all the time

Place of Death, { Give street and number. } 296. N Bond St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) — Dropsy

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 6th 1875

Undertaker, John D. Weaver

Place of Business, #222 N. Frayette St

W. A. Adams M. D.

Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES OF

Board of Health, City of Baltimore,

Permit No. 5858

OFFICE OF REGISTRAR OF VITAL STATISTICS

OCT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank, Turner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ~~Years,~~ 2 *Months,* 3 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 314 Montgomery St

Cause of Death, {First (Primary,) Cold / Second (Immediate,) Bronchitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6th 1875

James H. Stewart M. D.
~~Health Officer~~

{*Undertaker,* Jas H. Davis / *Place of Business,* Saratoga St} *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jane Smith Friend

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5859

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th Oct. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Mary A Redman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Nov 2. 1810 65 *Years,* *Months,* *Days.*

Color, White

Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line} married

Occupation, No.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 638 W. Fayette St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, abt 2 years

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, 6 October

Undertaker, W. Loane

Place of Business, 568 W. Balto St. *Address*

J. Worthington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5860 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Murphy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Watchman at Balt City C House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland - 46 years in US

Duration of Residence in the City of Baltimore, 46 in US

Place of Death, {Give street and number.} Balt City Court House {Residence Saratoga between Shroder & Republican

Cause of Death, First (Primary,) Fracture of Cranium

Second (Immediate,) Accidental fall

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 6th of Oct.

Edmd Bralker M. D.
Medical Attendant.

{*Undertaker,* P. Kummer

{*Place of Business,* 111 Mulberry St. *Address*

Coron M. C. Dr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 5861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Duffett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 9 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 15th Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15th Street

Cause of Death, First (Primary,) Congestion

Second (Immediate.) Fever

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cem

Date of Burial, Oct 5th 1875

Undertaker, Jacob Thaler

Place of Business, 104 & 6 Druid Hill Ave *Address* 143 N Eutaw St

R. A. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 3862 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lippe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 10 Abbot St, Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, October 7th 1875

G. Libmann, *M. D.*
Medical Attendant.

Undertaker, Parent

Place of Business, _____ *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. A 5863. OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teresa Bush,

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female,

Age, 48 *Years,* — *Months,* — *Days.*

Color, White, *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow,

Occupation, Seamstress,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, Twenty three years,

Place of Death, {Give street and number.} No. 293 Lancaster St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis,
Second (Immediate,)

Duration of Last Sickness, 2 ½ years,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimitery

Date of Burial, October 7th 1875

J. J. Sullivan, M. D.
Medical Attendant.

{*Undertaker,* H. M. Gibmyer
Place of Business, 341 Canton Av.

Address No. 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 5864 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 5 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George M. Richter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 7 *Months,* — *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Steward

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 126 S. Central Ave.

Cause of Death, { First (Primary,) Meningitis
Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 7th

Abram B. Arnold M. D.
Medical Attendant.

Undertaker, Michael Funk

Place of Business, No. 35 Bank. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5865 — OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

Date of Death, Oct — 5 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Roache

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 29 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, Unknown,

Place of Death, {Give street and number.} Washington University,

Cause of Death, {First (Primary,) Phthisis Pulmonalis F.

{Second (Immediate,) Exhaustion, with Ulceration of Intestines

Duration of Last Sickness, Seven (7) weeks,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedr. Cem

Date of Burial, October 6th 1875

{*Undertaker,* W. Donovan

{*Place of Business,* 148 Central Ave

A. E. Hoffe M. D.
Medical Attendant.

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5866 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5 1875

ll Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. V. Hale

, Male or Female, {Cross out the word not required in this line.} Male

ge, [illegible] *Years,* one *Months,* [illegible] *Days.*

Color, [illegible] *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hog Cabins Va

Duration of Residence in the City of Baltimore, 13 [illegible]

Place of Death, {Give street and number.} Hog Cabins

Cause of Death, {First (Primary,) [illegible]
Second (Immediate,) Cerebral Spinal

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 7 - 1875

Undertaker, John I Rodeman

Place of Business, NE Cor Fremont Ave & Monument St. *Address*

E. M. Sims M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5867.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 11 — 9 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Hoodle Lane

Cause of Death, First (Primary,) —

Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Octot 6th 1875

Undertaker, W. N. Dungee

Place of Business, 104 East St

James H. Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Leah Johnson, Midwife [OVER.]

Board of Health, City of Baltimore,

Permit No. 5868

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nonie J. Ritter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~X~~ *Years,* 11 *Months,* 19 *Days.*

Color, ~~Sex,~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} 243 Bank St.

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate.) 5 Months

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 7th 1875

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St

R. C. Lee M. D.
Medical Attendant.

Address N. W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5869 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida May Eyth

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, ____ *Years,* ____ *Months,* 16 *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 59 at Balto Balto

Cause of Death, First (Primary,) Congestion of the Lungs

Second (Immediate.)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, Oct 7 1875

Undertaker, Wm Fry

Place of Business, 54 Broadway

J Ridgway Andre M. D.
Medical Attendant.

Address 1021 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5870 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

Date of Death, Tuesday, Oct. 5th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Heckroad

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Empen, Hanover, Germany

Duration of Residence in the City of Baltimore, Since year 1861

Place of Death, {Give street and number.} 263 Alice Anna St.

Cause of Death, {First (Primary,) Cancer of the Scirrhus Variety
Second (Immediate,) Seat in liver pancreas & stomach.

Duration of Last Sickness, 12 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ger. Ref. Cem. Canton

Date of Burial, Wed Oct 6/75 5 P.M.

John H. Rehberger M. D.
Medical Attendant.

Undertaker, John Braun

Place of Business, 77 S. Wolf St *Address* 2143 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on Ba...

Board of Health, City of Baltimore,

Permit No. 5871

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, about ~~Months~~, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling.

Duration of Residence in the ~~City of Baltimore~~. Institution 5 days.

Place of Death, {Give street and number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary,) atrophy

Second (Immediate,) convulsions

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Oct. 7. 1875

{*Undertaker,* Sisters

{*Place of Business,*

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm R. Earle.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* *Days.*

Color, Wh — *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen's Ann Co. Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 218 William

Cause of Death, {First (Primary,) Congestion of Brain.
Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Kent Island Md

Date of Burial, Oct. 7th 1875

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

Wm. J. Taylor M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 227

Board of Health, City of Baltimore,

Permit No. 5873

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 5. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otho Peck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widower, {Cross but the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 225 Chestnut alley

Cause of Death, {First (Primary,) Apoplexy.
Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 7th 1875

Undertaker, Wm Somers Jr.

Place of Business, 65 Mulberry St

M. D.
Medical Attendant.

Address J. H. C. Eddy, M. D.
363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5874

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nannie Eliza Wooten Sanderlin

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 5 *Years,* 4 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Goldsboro N. C.

Duration of Residence in the City of Baltimore, 4 years 6 months

Place of Death, {Give street and number.} 670 Lexington St

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) Septicaemia & Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cem. Greenmount Henry R. Noel M. D.

Date of Burial, Oct 6 Medical Attendant.

Undertaker, L. B. Cook

Place of Business, 707 W. Balto Address 2010 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 228'

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5875.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abel Sinclair Evans

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 5 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Auctioneer -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City -

Duration of Residence in the City of Baltimore, Lifetime -

Place of Death, {Give street and number.} McHenry St, near Monroe

Cause of Death, First (Primary,) Tuberculosis -

Second (Immediate,) Acute Phthisis -

Duration of Last Sickness, Four months -

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 6

Undertaker, J B Cook

Place of Business, 707 W Pratt St Baltimore

Wm Regester M. D.
Medical Attendant.

Address 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

Date of Death, 6th October at 7 o'clock a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mary Bix

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Attended two Grammar

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore all its life

Duration of Residence in the City of Baltimore, 10 months & 14 days

Place of Death, {Give street and number.} Baltimore 170 Scott St.

Cause of Death, First (Primary,) Inflammation of Brain

Second (Immediate,)

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'str

Date of Burial, 7th October

J. J. Richardson M. D.

Medical Attendant.

Undertaker, Andrew Finell

Place of Business, 106 Columbia St.

Address 312 West Lombard St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...REMARKS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on B...

Board of Health, City of Baltimore,

Permit No. 5877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...TH DEPARTMENT
OCT
2
1875
...LTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday 6th Oct

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis A. Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Victualler

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and number.} Boundary Avenue

Cause of Death, {First (Primary,) Congestion of Brain

{Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician

Place of Burial, Greenmount

Date of Burial, 7th Oct.

Undertaker, J. H. Weaver

Place of Business, #22 W. Fayette St

Edwin S. Thomas M. D.
Medical Attendant.

Address Balt & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5878 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octob 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Fink

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 7 *Days.*

Color, white *Sex,* ...

~~Married~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 18 Barney St.

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) ...

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch A. H. Erich M. D.

Date of Burial, Octo 7 for 1875 Medical Attendant.

{ *Undertaker,* Henry Hoech
{ *Place of Business,* 306 Central Ave Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5879

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Gassaway

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 15 Woodsmith Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Tuberculosis Meningitis

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet A. M. Colburn M. D.

Date of Burial, Oct 7th 1875

Medical Attendant.

Undertaker, Joseph B. Cook

Place of Business, No 707 W Balto *Address* 166 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Hüller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 19 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balt st between Fulton & Monroe

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 7 October 1875

Geo H Dare M. D.
Medical Attendant.

Undertaker, J. P. Carlin

Place of Business, 66 Frederick Ave Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, and TO LIST OF DISEASES OR B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Holland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the wor ls not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 58 Forrest Street

Cause of Death, {First (Primary,) Cold / Second (Immediate,) Croup

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 3rd 1875

{*Undertaker,* W. N. Dukes / *Place of Business,* East St

James A Steuart M. D.
~~Medical Examiner~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charles Holland Sr father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~XX~~ 5882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5 Oct: 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Evelyn Black

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Church Home & Infirmary

Cause of Death, {First (Primary,) Consumption / Second (Immediate,) Pneumo-Thorax

Duration of Last Sickness, about 3 years

All the above information should be furnished by the Physician.

Place of Burial, Londan Park

Date of Burial, Oct: 7th 1875

Undertaker, Myhue & Co

Place of Business. 68 S. Broadway

A. Donaldson M. D.
Medical Attendant.

Address 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5883 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip Bottle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, Days.

Color, white *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born.

Place of Death, {Give street and number.} 151 S. Madeira Alley

Cause of Death, {First (Primary,) Inflammation of Brain

Second (Immediate,) ~~3~~ 2

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physicinn.

Place of Burial, St. Aph. Cem. P. G. Davis M. D.

Date of Burial, Thurs'd Oct 7th 75 Medical Attendant.

{*Undertaker,* John Braun Address 27 N. Bentalou

{*Place of Business,* 99 S. Wolfe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ellen Burns.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Balt.

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 100 N. Poppleton St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct. 7th 1875

{*Undertaker,* W. B. Cook

Place of Business, No. 707 W. Bal. st

J. W. C. Cuddy *M. D.*
Medical Attendant.

Address 363 Franklin st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } W. H. Bright

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 6 *Years.* *Months.* *Days.*

Color, Bright *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 219 S. Eutaw St

Cause of Death, { First (Primary,) Scalding of the Bowels Second (Immediate,) four weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6th

J Scully M. D.
Medical Attendant.

{ *Undertaker,* James H Davis
{ *Place of Business,* No 12 Saratoga St *Address* 260 S. Eutaw St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Annie Mary Rustemyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 317 West Penn St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) Sepsitis

Duration of Last Sickness, Dr not known Shan have only days Sickness

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsi's Cemetery

Date of Burial, October 7th 1875

Undertaker, Geo Frocklich

Place of Business, 339 Canton Ro

Jesse A. Hoffman M. D.
Medical Attendant.

Address Corner Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 6th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elisabeth Duncan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Five *Years,* 6 *Months,* Twenty *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 254 Raburg Street

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Lord Baltimore

Date of Burial, Oct 8

Undertaker, J B Cook

Place of Business, J B Cook

Chas. H. Neff M. D.
Medical Attendant.

Address No. 306 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fabius F. Sefahaz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 5 *Months,* 10 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Brookline

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, { Give street and number. } No 32 Walker st

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, October 7th

Undertaker, E. N. Wheeler

Place of Business, Howard & Pitt *Address* 106 Charles St

Dr. L. Buddenbaum *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt. John B. Stoddard.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* 11 *Days.*

Color, White. *Sex,* Male.

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Mariner.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dugham, Mass. U. S.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 23 S. Bond St.

Cause of Death, {First (Primary,) Retention of Urine.
Second (Immediate,) Senile.

Duration of Last Sickness, Eight months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 8th 1875

Undertaker, Armstrong & Denny

Place of Business, 263 Light

G. Glanville, Jr. M. D.
Medical Attendant.

Address Balt. & Washington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt A. B. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac County Virginia

Duration of Residence in the City of Baltimore, Eleven (11) days, or a visit to B. from Cincinnati O.

Place of Death, {Give street and number.} 85 N. Bond

Cause of Death, First (Primary,) Intermittent Fever

Second (Immediate.) Congestive Chill

Duration of Last Sickness, Four (4) days.

All the above information should be furnished by the Physician.

Place of Burial, Cincinnati Ohio — G. L. Wilkins M. D.

Date of Burial, Nov 4th 1875 — Medical Attendant.

Undertaker, Thos P Hughes — *Address* 69 S. Broadway

Place of Business, 60 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 229)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Wabe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 7 Months, 11 26 Days.

Color, Colored Sex, X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number.} 66 Hemitta st

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Congestion of brain

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 7th 75

Undertaker, John B Phillips

Place of Business, 107 Eutaw st *Address* 53 Sharp st

W. G. Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J T McKay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Conductor of Freight.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont know

Duration of Residence in the City of Baltimore, Dont know.

Place of Death, {Give street and number.} Dutton Station,

Cause of Death, First (Primary,)

Second (Immediate,) Fall from Car.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Havre De Grace Geo E Ogle Coroner. M. D.

Medical Attendant.

Date of Burial, Sept 7

Undertaker, H Schilling

Place of Business, 72. Penn. ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 2 31)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October ~~September~~ 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jannet McStuart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md. Co. Ann

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} Brewers at Co's

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Intermittent Fever

Duration of Last Sickness, Five Mo.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery H. H. Stuart *M. D.*

Date of Burial, Oct 8th 1875 Medical Attendant.

Undertaker, John C. Gordon *Address* Pine & George Sts

Place of Business, No 63 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physician is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Waller Gracie

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Black *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~ ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} No 8 Hubbards Court

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetary

Date of Burial, Oct 1 1875

S. N. Hunter M. D.
Medical Attendant.

Undertaker, William Berger

Place of Business, No 104 East St *Address* 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PHYSICIANS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Klima

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1/ *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 N. Washington St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, October 8th 1875

Undertaker, A. Kohler

Place of Business, E. Lombard St

Jas. A. Steuart M. D.
~~MEDICAL ATTENDANT~~

Address Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Francis Klima Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5896

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Drury

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt County

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 732 Lombard st

Cause of Death, First (Primary,) Malarious Fever

Second (Immediate,) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters county

Date of Burial, Oct 8th 1876.

Undertaker, C & S Cook

Place of Business, No 707 W Balt st

Geo. H. Dorr M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Conrad Sauer

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 82 *Years,* 7 *Months,* ——— *Days.*

Color, white *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Grub (Bavaria)

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 192 E. Lombard St

Cause of Death, {First (Primary,) old age / Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, October 8th 1875

Undertaker, Aaron Kidd

Place of Business, 133 S. Eden St *Address*

F. Fluhrer M. D.
Medical Attendant.

245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 8
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E Burton

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.} Female

Age, Thirty two *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Husband Proprietor Burtons Hotel

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Count

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 111 N High st

Cause of Death, First (Primary,) Probably Syncope

Second (Immediate,)

Duration of Last Sickness, Had been sitting several weeks, arose from bed at night felt ill & died

All the above information should be furnished by the Physician.

Place of Burial, Balto County — D Webster Cathell M. D.

Date of Burial, Oct. 9th 1875 Medical Attendant.

Undertaker, Geo C. Rodenmayer *Address* 1h D. Eutaw st.

Place of Business, Ensor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5899

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 6½ A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Ernst

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give street and number.} St. Josephs Hospital Cor. Caroline & Hoffman

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,) Syncope

Duration of Last Sickness, Came to Hospital Sept. 13th

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus C.C.

Date of Burial, October 9th 1875

Oscar J. Eakers, M. D.
Medical Attendant.
for Wm F. Desmond to M. D.

Undertaker, Henry Forsha

Place of Business, 309 Eutaw St. *Address* St. Josephs Hospl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anna Lucy Murphy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington DEL

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, {Give street and number.} 322 Hollins St

Cause of Death, {First (Primary,) Typhoid fever

Second (Immediate,) three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wilmington DEL

Date of Burial, Oct 11th 1875

Undertaker, J. B. Lovett

Place of Business, No 707 W. Balt St

W. R. McKnew M. D.
Medical Attendant.

Address 582 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 231)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Apple

~~*Sex*~~, *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 71 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 45 S. Wolfe St.

Cause of Death, First (Primary,) Gangraena vericae miasmic

Second (Immediate,) Tetanitis, (Pyaemia)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct. 9th 75

Thos. Mathews M. D.
Medical Attendant.

Undertaker, H. Grace *Address* 245 S. Baltimore St.

Place of Business, No 230 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 7
1815
BALTIMORE.

CERTFFICATE OF DEATH.

Date of Death, October 6 1815

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thurdon Morris

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.} Mail

Age, 35 *Years,* *Months,* ~~Days~~

Color, Colard *Sex,*

~~Married~~, *Single,* ~~Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chesterstown Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Machanic Court No 2

Cause of Death, {First (Primary,) Typhus Pomonia / Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 3 a clock October 8 1815 — North & Pleasant Sts. D.

Medical Attendant.

{*Undertaker,* W. Lingo

{*Place of Business,* East Liberty

Address Market

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

5 / 5

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Hoffrogge

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, Wh. *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Haven, Conn.

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 295, S. Sharp.

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, October 10th

{*Undertaker,* W. J. Dill
Place of Business, 143, Columbia st.

R. J. N. Tall M. D.
Medical Attendant.

Address 15-8, S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3904,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 8 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fray A Canty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty one — *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Basket maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 60 Orleans Street

Cause of Death, First (Primary,) Severe cold

Second (Immediate.) Disease of the heart

Duration of Last Sickness, About twelve days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis

Date of Burial, 9th October

Undertaker, Pkinnert

Place of Business, 317 Mulberry st

Milton N. Taylor M. D.
Medical Attendant.

Address 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Phy-ician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 5915 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Englart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* 1 *Months,* 19 *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years 11 months

Place of Death, {Give street and number.} Cor Hudson & Eden St.

Cause of Death, First (Primary,) Miscarriage

Second (Immediate,) Puerperal Peritonitis

Duration of Last Sickness, thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 9th

Undertaker, Henry Sander

Place of Business, 252 Canton ave

Louis C. B. Horn M.D. M. D.
Medical Attendant

Address Cor Fulton & Myrtle ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hamilton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} .....

Age, Sixty-four *Years,* — *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} No 22 Carlton Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis / Eight Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 8th 1875

Undertaker, J. B. Richardson

Place of Business, 606 West Balto

Chas W Hoff M. D.
Medical Attendant.

Address 306 N Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th A.M. Oct. 8 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Winlock Stafford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Watchman Private

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 24 South Co Central Ave

Cause of Death, {First (Primary,) Valvular. Heart disease

Second (Immediate,)

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Christian Jesse E Dromile *M. D.*

Date of Burial, Oct 9 1875 Medical Attendant.

Undertaker, Wm Fry

Place of Business, 54 N Broadway, *Address* 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 5918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Holt (Colored)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, Dark *Sex,* Male

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Worked in an Oyster House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sommerset Co. Maryland

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number.} No 72 North Front St

Cause of Death, First (Primary,) Chills. followed by Fever

Second (Immediate,) Old age & general debility

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Oct 7

Undertaker, John W. Locke

Place of Business, 59 S. Wolfe st

E. M. Gordon M. D.
Medical Attendant.

Address 141 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Green.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ... *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} In alley Bet. Dallas & Bond on Lumbard St. East

Cause of Death, First (Primary,) ...
Second (Immediate,) teething

Duration of Last Sickness, Abt 1 Day 7 Days I seen it but once.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Burial Ground J. Gluck. M. D.

Date of Burial, October 8th 1875. Medical Attendant.

Undertaker, John W. Locks

Place of Business, 59 South Wolfe St *Address* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5910

HEALTH DEPARTMENT OCT 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Beran

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* Ten *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Years Full

Place of Death, {Give street and number.} No 35 Barre St city

Cause of Death, First (Primary,) Laryngitis Stridulus

Second (Immediate,) Asphyxia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Ed (Old Town Cem

Date of Burial, October 9th 1875

Undertaker, Henry Berk

Place of Business, 20 S Bond St

J. H. Bolton M. D.
Medical Attendant.

Address N. E. Cor Jay & Bond Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarette M. Murray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 9 Hawk

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate.)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral ~~St Peters~~ Cemetery

Date of Burial, Oct 8 1875

Pierce G. Dawes M. D.
Medical Attendant.

Undertaker, ~~Wm F Byrne~~

Place of Business, ~~63 Franklin~~ Address 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah. J. O'Shaugnessy.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Seventeen *Years,* Eleven *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, About to be a Religious.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 47. Hillman St.

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate.) Tuberculosis.

Duration of Last Sickness, --

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Oct 9th 1875

W C VanBibber M. D.
Medical Attendant.

{*Undertaker,* [redacted]
{*Place of Business,* [redacted] *Address* 47. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...sicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

Permit No. 5713

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Ralf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years.* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 20 Years

Place of Death, {Give street and number.} 32 Canal St

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, About 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Oct 10 1875

Undertaker, [redacted]

Place of Business, [redacted] *Address* 195 E. Eutaw formerly 197 E. Eutaw

C. E. Klein *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...sicians is respectfully invited to the remarks below, and to list of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lennie L'Hommiu

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 520 W. Fayette st.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 10th 1875

A. A. Hinkley *M. D.*
Medical Attendant.

Undertaker, Jos Lamb

Place of Business, 568 W Balto St *Address* 57 N. Charles st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5915.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Jesse Sheffer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 38. *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Night Watchman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 382 South Hanover St.

Cause of Death, { First (Primary,) / Second (Immediate.) } Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 10th 1875

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address*

J M Carter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Childs

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East 21 193

Cause of Death, First (Primary,) Burn

Second (Immediate,)

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 10 2 o'clock P.m. E. G. Baldwin M. D.

Medical Attendant.

Undertaker, Geo. G. Rodenn

Place of Business, 138 Broadway Address 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Mary Ann Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Lancaster Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, St. Michaels Cem

Date of Burial, Octob 10th 1875

Undertaker, Wendel Dippel

Place of Business, Bond St

James H Steuart M. D.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Frederick Miller Father

[OVER.]

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 8 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jane Watkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 531 Hanford ave

Cause of Death, {First (Primary,) ——— Second (immediate,) Consumption

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, October 10th 1875

Undertaker, Geo Schilling

Place of Business, August & Monument St

James H Steuart M. D.

~~Medical Attendant~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by N. G. W. Woodall — Relative

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mike Vargiewski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —, *Years,* Three *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} Chapel st - No 1

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) ~~Not stated~~

Duration of Last Sickness, Not stated

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem^y

Date of Burial, Oct 9.

M. D.
Medical Attendant.

Undertaker, Geo. Coffman

Place of Business, 12 St. Paul Place

Address 531 - Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ing Attention to the Remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Morey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29. *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 21. years

Place of Death, {Give street and number.} 692. Light

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Morbus

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, Oct 10th 1875

Rodolphus Bosley M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5921,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Kopp

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 7 *Months,* 2 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} King St. 171

Cause of Death, First (Primary,) Chronic croup

Second (Immediate,) Want of breath

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 10 th October

Undertaker, F. Boehme

Place of Business, Sterrit St

L. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Harrison Clifford

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* ~~*Days.*~~

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} S. Pacific

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 319 E. Pratt St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Dropsy

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 9th 1875

Undertaker, John Thatcher

Place of Business, 18 1/2 E. Candler St

Geo. W. Benson M. D.
Medical Attendant.

Address 114 Aisquith St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Wales

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 1 *Years,* 8 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 103 N Calvert St

Cause of Death, First (Primary,) Fracture of cranium

Second (Immediate,) Accidental fall from window

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct 10th 1875

Edm'd R Walker M. D.
Medical Attendant.

Coroner

{*Undertaker,* H. C. Wiedefeld
Place of Business, 118½ N Calvert St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th October 1875 Cordack A evening

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Sporne

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 14 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} Lancaster Street No 144.

Cause of Death, First (Primary,) Gastro enteritis

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 8 days.

All the above Information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, 10th October 1875

Undertaker, Francis Cramer

Place of Business, No 219 Canton Avenue

William Stewart M. D.
Medical Attendant.

Address S. Wolfe & N. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back o...

5923

Board of Health, City of Baltimore,

Permit No. 5925

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Linthicum

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty three *Years,* " *Months,* " *Days.*

Color, Light chestnut *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tobacco stick Dorchest Co

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 91 Church St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 9 1875

Undertaker, W H Chase

Place of Business, No 198 Howard St *Address* 176 S Howard St

J. F. Brown M. D.
Medical Attendant.

Baste City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th A. D. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gauz.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty five Years

Place of Death, {Give street and number.} No 89. South Paca Pallon

Cause of Death, First (Primary,) Cancer

Second (Immediate,) Hamragia of Womb

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, October 10th 1875

John L. Zitzer, M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 578½ W. Baltimore St. *Address* 165 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christine A. Schlegel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 8 Months, 2 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 120 Columbia Av.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Park Cemetery C. L. Budolenbohn M. D.

Date of Burial, October 10th 1875 Medical Attendant.

Undertaker, Adam Weidemeyer *Address* 116 Columbia Av

Place of Business, 578½ W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellie Hughes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~ 7 Weeks *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Boulden Alley

Cause of Death, First (Primary,) Gen debility

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem Chas Fawcett M. D.

Medical Attendant.

Date of Burial, Oct 10th 1875

Undertaker, Chas T. Scriven *Address* 93 Mosher St

Place of Business, 271 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th. October 1875. 6 o'clock morning

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Krogmann

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give street and number. } Hudson street 183. (Canton

Cause of Death, { First (Primary,) Schris intermittens perniciosa

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, October 10th 1875

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Av.

William Henal, M. D.

Medical Attendant.

Address S. Wolfe & Wilk.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ernest E. Ohnis

Sex, ~~Male or Female,~~ { Cross out the word not required in this line. } Male

Age, *Years,* 2 *Months,* 11 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 294 Saratoga St

Cause of Death, { First (Primary,) Marasmus / Second (Immediate.)

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill R. K Knaus M. D.

Date of Burial, Oct. 10th 75 Medical Attendant.

{ *Undertaker,* C. W. Glaze / *Place of Business,* } *Address* 534 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. W. Boyard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lived with.

Place of Death, {Give street and number.} 6 Bradford St.

Cause of Death, First (Primary,) Whooping Cough.

Second (Immediate.) Asphyxia.

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cem.

Date of Burial, Oct 10th 1875

Undertaker, H. W. Frey

Place of Business, 54 S. Howard

E. Llewellyn Lusk M. D.
Medical Attendant.

Address Baltimore. 26.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Maloney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days.*

Color, W^e *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co Pa

Duration of Residence in the City of Baltimore, over 50 Years

Place of Death, {Give street and number.} 142 Druid Hill Ave

Cause of Death, First (Primary,) Natural Diseases Hemrl

Second (Immediate,)

Duration of Last Sickness, over 7 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet *C Winslow* M. D.

Date of Burial, Oct 11 1875 Medical Attendant.

Undertaker, G. W. Spence

Place of Business, Asquith & Holland *Address* 23 N^th Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 3933. OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 10 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos W. Harrigan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Letter Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 203 Exeter St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 10th 1875

Undertaker, W. H. Hickman

Place of Business, Exeter St

James H. Steuart M. D.

Address Comm'rs of Health

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. H. Hickman — Undertaker

[OVER]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5931

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Donovan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 3 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 148 Central Ave

Cause of Death, First (Primary,) Run over by an

Second (Immediate,) Ice wagon

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Oct. 10th. 1875

Undertaker, Jas. P. Byrne

Place of Business, 63 N. Front St.

Chas. Kelly M. D.
Medical Attendant
Coroner

Address 76 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...respectfully referred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hammond Deems

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 22 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 379 Hamburg

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Dysentery

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 11th 1895

Undertaker, John L Mackie

Place of Business, 160 150 Eastern Ave

A. M. Cotham M. D.
Medical Attendant.

Address 166 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians are respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5936

OCT 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. & Mary Lucke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* 9 *Months,* 9 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} No 221 E. Dallas St.

Cause of Death, {First (Primary,) Miliar Tuberculose

Second (Immediate,)

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct. 11 1875

Dr. F. Luchini M. D.
Medical Attendant.

{*Undertaker,* Wm Schulley *Address* No 432 Eastern Ave

{*Place of Business,* Undertakers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5937.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. C. Shuley

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 28 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Furniture

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pecua

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 60 Division

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Pyamia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery W. H. Kemp M. D.

Date of Burial, Oct 11th 1875 Medical Attendant.

Undertaker, Andrew Ley

Place of Business, 118 Druid Hill Ave *Address* 53 N. Green St

---

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Ellis

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 319 E Lombard St

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Date of Burial,* Oct 10 1882

Wm Proctor Jr & Co M. D.
Medical Attendant.

Undertaker, W M. Chase

Place of Business, No 198 N Howard St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5939.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} —

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 1 *Days*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, {Give street and number.} Unknown

Cause of Death, {First (Primary,) / Second (Immediate,)} Unknown

Duration of Last Sickness, —

All the above information should be furnished by the Physician,

Place of Burial, E. Potters Field D.C. Ireland *M. D.*

Date of Burial, Oct 11th 1875 *Medical Attendant.*

Undertaker, H. Donovan *Address* 178 Aisquith St.

Place of Business, 148 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Campbell

Sex, Male ~~or Female~~; { Cross out the word not required in this line. }

Age, Eighty *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widowed~~, { Cross out the words not required in this line. }

Occupation, Stone

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Glascow Scotland

Duration of Residence in the City of Baltimore,

~~Place of Death, or Hospital~~ 151 North Carolina Street

Cause of Death, { First (Primary,) Old age / Second (Immediate,) Dropsy

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 11th 1875

{ *Undertaker,* James D. Byrne / *Place of Business,* No 63 N Front St

Milton A. Taylor M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 59441

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Schuman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Institution Little Sisters of the Poor

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Allegany Cem

Date of Burial, Oct 11th 75

Wm. Bodie Boyle M. D.
Medical Attendant.

Undertaker, A. D. Trance

Place of Business, No 280 Canton Ave Address 174 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th Oct. 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laurence Meiton

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, —— *Years,* —— *Months,* 15 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ——

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 27 N Green St

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } 27 N Green St

Cause of Death, { First (Primary,) Syphilis

Second (Immediate.) Syphilis 15 days

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 11 — 1875

J. H. Chew M.D.
Medical Attendant.

{ *Undertaker,* J. B. Blackistone
Place of Business, 66 Bond st *Address.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39-43

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1895 BALTIMORE

Date of Death, October 9th 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Powell Wright

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ___ *Years,* ___ *Months,* Fifteen (15) *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 11 Lancaster St.

Cause of Death, First (Primary,) Cutaneous Erysipelas - Edisphatus - Scarlatina

Second (Immediate,)

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, St Mathaus Cemetery

Date of Burial, October 11th. 1895.

Undertaker, Leonhard Feuss

Place of Business, 277 S. Bond Street. *Address* 69 S. Broadway

G. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Leinster & Anni Linn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* Two Months *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 47 St Eutaw St Balto

Duration of Residence in the City of Baltimore, During life —

Place of Death, {Give street and number.} 47 St Eutaw St.

Cause of Death, First (Primary,) Asthenia

Second (Immediate,) Not Known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 11th 1875

Undertaker, H Moyer

Place of Business, 166 N Howard

D L Rhea M. D.
Medical Attendant.

Address 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 59145

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Warner Crowley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 9 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 9 mos 9 days

Place of Death, {Give street and number.} 127 N. Gilmor & 2 doors S. Lemmon Son ave

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Exanition

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt F. D. Lamar

Date of Burial, Oct 12/75

Undertaker, Wm H McKenna

Place of Business, 162 341 Pratt

Address 256 N Stricker

M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliz: Maria Dukehart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Matron

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Industrial Home 19 N. Calvert St

Cause of Death, First (Primary,) ~~Cancer~~ Heart Disease

Second (Immediate,) Oedema of Lungs & Pericardiac Effusion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Geo. J. Reynolds M. D.

Medical Attendant.

Date of Burial, October 12th 1875

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St. *Address* 34 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

Date of Death, October 9 the 12 p m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Sevenstein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 03 *Months,* 7. *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clark

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} Saratoga 257

Cause of Death, First (Primary,) / Second (Immediate,) Hamaragia pulmonalis

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cimetary

Date of Burial, 12 Octob. 8 p

Undertaker, Henry Mayer

Place of Business, 166 Lord Harvard

John J. Fitzer. *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5948,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

Date of Death, Oct 10 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W S & Ella M Grafe (Grafee)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 5 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Asquith St

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible] *Address* [illegible]

Louis Blumenau M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spection is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1915 BALTIMORE

Date of Death, October 11th 1915

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry J. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md —

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 203 S. Bond —

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) Pneumonia —

Duration of Last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Cremation

Date of Burial, Oct. 12th

M. D.
Medical Attendant.

Undertaker, H. Dippel

Place of Business, 1. Bond St. 151 *Address* 86 S. Eighth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5950

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

Date of Death, October 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* Six (6) *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 19 S. Dulaney St.

Cause of Death, First (Primary,) Trismus Nascentium

Second (Immediate,) Spasm of the Glottis See 457

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Burial Ground

Date of Burial, Oct 10th 1875

G. L. Watkins M. D.
Medical Attendant.

Undertaker, John W. Locks

Place of Business, 59 South Wolf st *Address* 6 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

Date of Death, October 11th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Loanes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Schroder Street Court

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Effusion with Convulsions

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12

Chas. H. Neff M. D.
Medical Attendant.

Undertaker, J B Coates

Place of Business, 707 W Baltimore St *Address* 306 N. Loudon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Eidmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 3 *Days.*

Color, White *Sex,*

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cincinaty City

Duration of Residence in the City of Baltimore, three years

Place of Death, {Give street and number.} Little Green Str. No 144

Cause of Death, {First (Primary,) / Second (Immediate.)} Cholera infantum

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Dr. Adolph Buehm, M. D.

Date of Burial, Oct 12. Medical Attendant.

Undertaker, H. Schilling

Place of Business, 72. Penn. Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3953

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Walter McLean

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 10 Days.

Color, White Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 198 Greene St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 198 Greene St

Cause of Death, First (Primary,)

Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 12th 1895

Undertaker, Hughes & R

Place of Business, 537 W Fayette St

L. T. Knight M. D.
Medical Attendant.

Address 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

L. T. Knight

No. 5931

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line}

Age, 38 *Years,* *Months,* *Days.*

Color, ed *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Launderer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East 21 59

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 11th 1875

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Wm. M. Dunigee

Place of Business, Nov 104 East St. *Address* 124 n. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rocke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} —

Age, 18 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 41 E. Monument

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Oct 12th 1875

F. C. Shattuck M. D.
Medical Attendant.

Undertaker, Chas T. Scriven

Place of Business, 271 N. Eutaw St *Address* 114 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5956

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hamilton Harris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Ten *Months,* Seven *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Massachusetts

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} 118 North Fremont Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.) Congestion of Brain

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery. C. C. Lane M. D.

Date of Burial, Oct 12th 1875 Medical Attendant.

Undertaker, P. Kennedy.

Place of Business, 217 Mulberry St. Address 221 Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5957

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5957,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th Oct. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Schuchman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 10 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 219 Light St

Cause of Death, { First (Primary,) Asthenia

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 11th 1875.

H. W. Welch M. D.
Medical Attendant.

{ *Undertaker* Philipp Leonard.
{ *Place of Business,* No 43 England St *Address* 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Catherine Bowman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 292 E Madison

Cause of Death, First (Primary,) Apoplexy probable

Second (Immediate,)

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 13th 1875

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

Edmund R Walker M. D.
Medical Attendant.

Comm. Rd

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE.

Date of Death, Oct 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cox

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Univ Hospital Lombard St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Ascites

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 12 1875

{*Undertaker,* James D Byrne / *Place of Business,* 91 & 93 N Front St} *Address* Univ Hospital

T. A Ashby *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Pollard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 7 *Days.*

Color, *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Four Weeks

Place of Death, {Give street and number.} Prot. Infant Asylum 162 W. Lombard

Cause of Death, {First (Primary,) Inanition

{Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, October 12. 1875

D. A. Glasser *M. D.*
Medical Attendant.

{*Undertaker,* W. Donovan

{*Place of Business,* 148 S. Central Ave *Address* 163 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia F. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* 18 *Days.*

Color, ~~Sex,~~ Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 62 Elbow Lane

Cause of Death, First (Primary,) Teething

Second (Immediate,) Spasms & Shocks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harp St Cemetery

Date of Burial, Oct 12 1875

R. C. Lee M. D.
Medical Attendant.

Undertaker, N. W. Coy

Place of Business, No 198 Hanover St

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5962.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rufus. Blondel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, 10 Days.

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Sorrel Court.

Cause of Death, First (Primary,) unknown

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Ellis Michaux M. D.

Date of Burial, Oct. 12 1875 Medical Attendant.

Undertaker, T. H. Chase

Place of Business, No 198 Eutaw St. *Address* 68 Conway st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. [illegible]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5963.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin F Ellwood

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 3 *Months,* — — *Days.*

Color, Col *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Errand boy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anxarundel Co

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 4 Welsh Alley

Cause of Death, First (Primary,) Duplaw of pharynx, extending to larynx

Second (Immediate,) causing loss of voice, dyspnoea, and death

Duration of Last Sickness, 4 days (Acute Laryngitis -)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 11 1875

Undertaker, Wm C Gordon

Place of Business, 63 Park Ave

John S Pennington M. D.
Medical Attendant.

Address 210 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A. Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 3 *Months,* *Days.*

Color, Black *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil County Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore 25 Little Monument St.

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,)

Duration of Last Sickness, under my Care 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 13 " 1875

Wm H Davis M. D.
Medical Attendant.

Undertaker, John C. Jordan

Place of Business, 1063 Park Av. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3965

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 12 1895 BALTIMORE

Date of Death, Oct 12th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane McCatchy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 6 *Months,* 26 *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 3 years

Place of Death, {Give street and number.} 187 Holliday St.

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Congestive Chills

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, ~~Not~~ Greenlawn Cemetery

Date of Burial, Oct 15/95

A. L. Shriver M. D.

Medical Attendant.

Undertaker, Joseph Cook

Place of Business, Balto. & Schroeder Sts. *Address* 819 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5966

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucie Rosier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} In 113 Eutaw St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 13th 1875

Undertaker, Adam Widemeyer

Place of Business, 518½ W. Baltimore St.

John [illegible] M. D.

Medical Attendant.

Address In 203 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3967

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Wilhelm Wiedenmann

Sex, Male or Female, {Cross out the word not required in this line.} ——

Age, 2 *Years,* 4 *Months,* 12 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No 201 N. Bond st.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) ——

Duration of Last Sickness, about 7 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery Chas. J. Rhubert *M. D.*

Date of Burial, October 12 1915 Medical Attendant.

Undertaker, Casey Hook

Place of Business, E. J. Coskeran Co. *Address* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5968

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Blaney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored. *Sex,* Female.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Michaels Talbot Co.

Duration of Residence in the City of Baltimore, Five years.

Place of Death, {Give street and number.} 1 N. Green ath, Alley.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Westminster Burial Place. G. Hamill, Jr. M. D.

Date of Burial, Oct 12th 1875 Medical Attendant.

Undertaker, Wm. A. Chase

Place of Business, 20 & 22 Bond St. *Address* Bull & Washington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 232)

No. 5969

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

Date of Death, October 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Adams

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First (Primary,) Ovarian dropsy

Second (Immediate,) Operation

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Oct 12th 1875

Chas Fawcett M. D.
Medical Attendant.

Undertaker, M. Md Hall

Place of Business, 233 E. Balt

Address U. P. Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 233)

No. 3970

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Strong

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widowed or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 241 Pierce St

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 13 October 1875

J. W. C. Cuddy, *M. D.*
Medical Attendant.

{ *Undertaker,* Jos. Deane
{ *Place of Business,* 516 N Bath St *Address* 313 Franklin St

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5971

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Ludwig Perner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word is not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City Md

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number} No 115. South Washington St

Cause of Death, {First (Primary.) Typhoid fever / Second (Immediate,)}

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, October 13th 1875

{*Undertaker,* John C. [illegible]
Place of Business, 265 Aisquith St}

Thomas D. Evans M. D.
Medical Attendant

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5972

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie L. Sampler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 2 *Months.* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 162 Scott St

Cause of Death, { First (Primary,) Dysentery Bilious
Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 Month & 17 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery C. L. Ruddock *M. D.*

Date of Burial, Oct 13th 1875 Medical Attendant.

{ *Undertaker,* J. S. Leech
{ *Place of Business,* No 707 W Balt St *Address* 106 Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5973

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

Date of Death, October 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* _____ *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 50 Church Street

Cause of Death, {First (Primary,) Pneumonia. Second (Immediate,) Consumption

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12th 1875

{*Undertaker,* John B. Williams
{*Place of Business,* 107 Lee St.

Jas. F. Steuart M. D.
Medical Attendant

Address Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John B. Williams Undertaker

No. 5971

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

Date of Death, October 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 92 N. Spring St

Cause of Death, {First (Primary,) ——— Second (Immediate,)} Chol Infantum

Duration of Last Sickness, one month

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 14th 1875

{*Undertaker,* W. N. Dunger / *Place of Business,* East St}

Jas Steuart M. D. ~~Medical Assistant~~

Address Commiss of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by— Geo L. Brown Father [OVER.]

No. 5975

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5975

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Rochelin

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long to the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 10 Parrish St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry Edwd F. Michelbacher M. D.

Date of Burial, Oct 13th 1875 Medical Attendant.

Undertaker, J & S Cook

Place of Business, No 704 W Balt st *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5976

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 1875

Permit No. 5976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9 Oct 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vincent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Illegitimate

Duration of Residence in the City of Baltimore, 16 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) atrophy
Second (Immediate,) convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 11 1875

Undertaker, Jas S. Chalmers

Place of Business, 264 Penn Ave

Mabury Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5977

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5977

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th October 1875 at 10 o'clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Doggu

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Indiana

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} Lemon alley

Cause of Death, First (Primary,) Inflamation of Brain

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemet ~~[illegible]~~

Date of Burial, oct 13 1875

C. A. Liebardson M. D.
Medical Attendant.

Undertaker, F. Bohe

Place of Business, 425 Cross street *Address* 302 West Fayland St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5978

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12, 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. C. Dunton Jr

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 28 *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No. 244 N. Charles St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, about 5 years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. *Medical Attendant.* Felix Semmes M. D.

Date of Burial, 13th Oct 1875

Undertaker, H. & N. Curtis & Son *Address* 118 Mulberry St

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5979

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Bergle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 11 *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 71 Castle st.

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Bronchitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cemetery

Date of Burial, October 13th 1875

Undertaker, John Browne

Place of Business, 77 S. Wolf st

Thomas B. Evans, M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 5980

Board of Health, City of Baltimore,

Permit No. 5980

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

Date of Death, October 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Lindemann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 74 N. Washington St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Spasms

Duration of Last Sickness, One month

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, Oct. 13th 1875

Undertaker, John Braun

Place of Business, 77 Wolf St

James A Steuart M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Braun Undertaker

[OVER]

No. 5981

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emelia Becraft

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years.* 8 11 *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 30 Smith St

Cause of Death, {First (Primary,) Cancer of womb
Second (Immediate,) Hemorrhage

Duration of Last Sickness, 1 year & six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com. *Chas Fawcett* M. D.

Date of Burial, Oct 14. 1875 Medical Attendant.

Undertaker, C. H. Blizzard *Address* 93 Madison St

Place of Business, Cor of Canrale and Eliza Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5982

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

Date of Death, Oct 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilla May Jamison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 242 Mulberry

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, October 14th 1875

L. M. Knight M. D.
Medical Attendant.

Undertaker, Scott Hearer

Place of Business, Lexington Dead Hill Address 112 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5983

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. Joshua A. Sapp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* 9 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Thirty Nine years

Place of Death, {Give street and number.} No. 150 Jefferson St

Cause of Death, First (Primary,) Heart disease (Valvular)

Second (Immediate,) Hydrothorax

Duration of Last Sickness, Ninety Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 14th 1875

Wm. H. Gundrum M. D.
Medical Attendant.

Undertaker, Wm Fry

Place of Business, 54 N Broadway *Address* No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5911

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Burk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, ~~Months~~, 10 Days.

Color, White

~~Married, Single~~, ~~Widowed~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City M. D.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 224 South Bond st

Cause of Death, First (Primary.) Tremus Nascentium.

Second (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, October 13th 1875

{*Undertaker,* J. Roberts

{*Place of Business,* 36 Thames St.

Thomas R. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5985

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

Date of Death, Oct. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ralph Trumbach

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lieutenant Ohio

Duration of Residence in the City of Baltimore, 3 wks

Place of Death, {Give street and number.} 254 E Dallas

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bellefonte Cemetery Rob. Mansfield *M. D.*

Medical Attendant.

Date of Burial, 13 October 1875

Undertaker, S. Berlin

Place of Business, 36 Thames St. *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5986

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th of Oct 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bartholomäus Vogelweid

~~Sex~~, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 49 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Württemberg

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number. } 42 N. Catherine

Cause of Death, { First (Primary,) Haemorrhage cerebral; Second (Immediate,) Hydrops, marasmus

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew's Churchyard

Date of Burial, 15th of Oct. 1875

J. Mathieu M. D.
Medical Attendant.

{ *Undertaker,* George Lohsberg *Address* 245 E. Baltimore
{ *Place of Business,* Corner Eighth & Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5987

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5987.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 mo. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 40 *Years,* *Months,* *Days.*

Color, African *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 40 Little Pleasant St

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemtery

Date of Burial, Oct 13

Undertaker, John T Gordon

Place of Business, 63 Park Ave

W. Riley M. D.
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 5988

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5988,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leon Feyman

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 3 *Years,* 2 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 24, 6 St. Both St. B. C.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetary

Date of Burial, 15 October 1875

Undertaker, L McCay

Place of Business, 91 E Fayette

M. D.
Medical Attendant.

Address No 20, N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5989

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT
OCT 13 1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gregory Barrett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 115 N. Belmont St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Chronic Dysentery

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, October 14th.

{ *Undertaker,* J. B. Blackiston & Son
{ *Place of Business,* 606 W. Balt. St.

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5990

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Oct 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 5 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 159 W Lombard

Cause of Death, First (Primary,) Cerebral (Meningitis)

Second (Immediate,) Convulsions

Duration of Last Sickness, Twelve months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 13 October 1875

Undertaker, J. P. Bowles

Place of Business, 60 Bond St *Address* [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5991

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Chestnut *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 3 Dallas St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Oct 14 75

R. M. Hall M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 189 Howard St *Address* 266 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 234)

No. 5992

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Elizabeth Trigg

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, 1 *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 6 Jew alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 6 Jew alley

Cause of Death, First (Primary,) Debility

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 13th 1875

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

F. B. Gardner M. D.
Medical Attendant.

Address 121 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5993

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT BALTIMORE

Date of Death, Oct 12th '95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} unknown Arthur S Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 ½ *Years,* — *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~unknown~~ single

Occupation, unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} unknown probably German Balt City

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} Washington Monument

Cause of Death, First (Primary,) Fall from Monument

Second (Immediate,) Fracture of cranium

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Linwood Carroll Co

Date of Burial, Oct 14th 1895

Undertaker, Jno H Weaver

Place of Business, Fayette St

Edmund R Walker M. D.

~~Medical Attendant.~~ Coroner B. C. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 235

No. 5911

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5994

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Paul Winchester

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 5 8 *Years,* 6 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Retired Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 117 St Paul St

Cause of Death, First (Primary,) Cirrhosis

Second (Immediate,) Dropsy

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 14th Oct 1875

Undertaker, Henry W Jenkins

Place of Business, Light St

Wm J Marshall M. D.
Medical Attendant.

Address 117 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5995

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Windfelder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 82 S. Chester

Cause of Death, First (Primary,) Malignant Tumor on right side of

Second (Immediate,) Neck produced gradual exhaustion

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Catholicus Cem. C. L. Gauch M. D.

Date of Burial, Oct. 13 Medical Attendant.

Undertaker, Stolen Bristol

Place of Business, 21 Bond st 151 *Address* 2 [illegible] Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5996

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12 - 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bernard Hoff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Nine *Days.*

Color, White *Sex,* Male.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Nine days

Place of Death, {Give street and number.} 269 Raburg St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Trismus Nascentium

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery S. T. Knight M. D.

Date of Burial, October 14 1875 Medical Attendant.

{ *Undertaker,* Fred T Hamwitt *Address* 112 N. Greene St.
{ *Place of Business,* Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5997

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

Date of Death, October 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Randalls

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* _____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3140 Little Vine St

Cause of Death, {First (Primary.) Second (Immediate.)} Consumption.

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 13th 1875

Samuel Steen M. D.
~~Attending Physician~~

Undertaker, S. H. Chase

Place of Business, S. Eutaw St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by James Mears = Found

[OVER.]

No. 5998

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

Date of Death, October 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Andrew Butts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 4 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Adams Co. Pa.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 24 N Chatsworth St

Cause of Death, First (Primary,) Typhoid Pneumonia, followed by Consumption

Second (Immediate,) Abscess in Right Lung

Duration of Last Sickness, 7 Months

All the above Information should be furnished by the Physician.

Place of Burial, Boston Cemetery

Date of Burial, Oct 14th

D. H. Christian M. D.

Medical Attendant.

Undertaker, Geo. Kupper

Place of Business, 121 Stirling Alley

Address 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

For Burials in the Office

No. 5999

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Feiman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Malarial Fever

Second (Immediate,) and Diarhoea

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 14th 1875

Edwd F. Mulholland M. D.
Medical Attendant.

Undertaker, And Leitz

Place of Business, Brick Yard Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stearns Sparrenhawk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Vermont

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give street and number.} 398 N Stricker st

Cause of Death, {First (Primary,) / Second (Immediate.)} Apoplexy, supposed to be,

Duration of Last Sickness, sudden

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, Oct 18th

Geo G Ashcom M. D.
Medical Attendant.

Undertaker, Geo W Spence

Place of Business, 206 Forest st Address 229 Cary st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martin Wm Galway

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 11 Months, 5 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balti —

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 7 Lemmon St.

Cause of Death, { First (Primary,) Chronic Diarrhoea

Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Edwd F. Nicholson M. D.

Medical Attendant.

Date of Burial, Oct 14

Undertaker, J B Cook *Address* 279 W. Lombard

Place of Business, 707 West Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry C. Raabe. ~~Raabe, Jr.~~

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* 1 *Months,* 19 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 35 Hyth. st

Cause of Death, { First (Primary,) Hydrocephalus

Second (Immediate,) Spasm

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, this county

Date of Burial, Oct 15

C. L. Buddenbohn M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 70 Gay & Baltimore. *Address* 106 Columbia st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Raabe (Twin)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 19 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} ~~2 [illegible] Street~~

Cause of Death, {First (Primary,) / Second (Immediate,)} Hydrocephalus

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery C. L. Buddenbohn M. D.

Date of Burial, Oct 15 1875 Medical Attendant.

Undertaker, I. B. Cook

Place of Business, 707 W. Balto St *Address* 106 Columbia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6004

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton Cole

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 W. Lee Lough & Edmont

Cause of Death, First (Primary,) Dentition & Diarrhoea

Second (Immediate,) Convulsions & Exhaustion

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, Oct 15

John A. John D. [illegible] *M. D.*
Medical Attendant.

Undertaker, Wm Edell

Place of Business, 101 Gaught

Address 6 W. Lee Lough & Edmont
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6005

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13 Octob. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Kreuker

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1. *Years,* 8 *Months,* 7 *Days.*

Color, Color. *Sex,* Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Lemmon 91.

Cause of Death, { First (Primary,) Second (Immediate.) } Dysentery. ab. 6 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem

Date of Burial, October 15 1875

C Harrison, M. D.
Medical Attendant.

Undertaker, Henry Hoeth

Place of Business, 307 Central Ave *Address* 57 Eighth.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6006

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Inft. ~~of~~ William Green

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* Eight *Days.*

Color, Col.d *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 191 Chesnut alley

Duration of Residence in the City of Baltimore, Eight days

Place of Death, {Give street and number.} 191 chesnut alley

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 14 75

Undertaker, W. H. Chase

Place of Business, 191 Hanover

Address H. Edmondson Ave

J. H. Gibbons *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Regina O'Daud

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Four *Years,* Three *Months,* Twelve *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 86 Gough St.

Cause of Death, First (Primary,) Spinal Affection,

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct. 12th, 1875

Undertaker, Matthias A. Daigle

Place of Business, 74 S. Broadway

Nicholas L. Dallett M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th of Octr.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Christopher Wood. Tanner

~~*Sex,* Male~~ *or* ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* 2 *Days.* 2

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 297 Eastern Avenue

Cause of Death, { First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 15th

Undertaker, Wm. A. Raine

Place of Business, 74 S Broadway *Address*

Fred. Hess M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Hudson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford, Co. Md.

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} #367 N Broad, Bay,

Cause of Death, First (Primary,) Consumption

Second (Immediate,) 5 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15th 1875

Undertaker, Henry W. Mears

Place of Business, 845 N. Gay St

D. S. Snyders M. D.
Medical Attendant.

Address 134 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eddie Matting

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Five *Years,* Nine *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 yrs. & 9 mos.

Place of Death, {Give street and number.} # 23 Biddle St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 15th 1875

Undertaker, H. M. H. Hickman

Place of Business, 234 E. Bay St. *Address*

H. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Christina Steinbach.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty four *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schwabru, Germany.

Duration of Residence in the City of Baltimore, Sixteen Years.

Place of Death, {Give street and number.} 259 S. Bond St.

Cause of Death, {First (Primary,) Old Age. / Second (Immediate,)}

Duration of Last Sickness, Two hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Th Carmel Cemet.

Date of Burial, Oktober 16th

Undertaker, Leonhard Feirr

Place of Business, S Bond St. No 271

Nicholas L. Gaskill, M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 Oclock P.M. October 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Diamond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty six *Years,* 11 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widowed or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimor Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 70 S. Ann St

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) asthenia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemt

Date of Burial, Oct 15-75

John S. Lynch M. D.
Medical Attendant.

Undertaker, John J Rodenmayer *Address* 141 E. Pratt St,

Place of Business, N E cor Greenmount Ave & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William D. Moon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* 4 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Engineer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 403. Light St.

Cause of Death, {First (Primary,) Apoplexy.
{Second (Immediate,)

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, October 15th 1875

J. D. Harrington M. D.
Medical Attendant.

Undertaker, H. Conrad Kunkel

Place of Business, No 60 Park St. *Address* 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lyons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brakeman on N.C.R.R.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 21 years in U.S.

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} Wm University Hospital

Cause of Death, First (Primary,) Accident

Second (Immediate,) Run over by R.R. Car.

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 18 1875

Edmund R Walker M. D.

~~Medical Attendant.~~ Coroner

Undertaker, James P Byrne

Place of Business, N° 63 S Eutaw St. *Address* 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6 0 1 5

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Doyle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Valvular Disease of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemty

Date of Burial, Oct 15th 1875

Edwd F. Mitchell M. D.
Medical Attendant.

Undertaker, Jos F Byrne

Place of Business, 59 n Liberty st *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6016 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche E. Sinton

Sex, [redacted] *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 18 *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 172 N Eutaw Street

Cause of Death, First (Primary,) ____

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt

Date of Burial, October 16th 1875

Undertaker, Jacob Hearn

Place of Business, No 484 Druid Hill Avenue

Saml. E. Powell **M. D.**
Medical Attendant.

Address No 29 Augusta Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Parents name R. M. & Mary E Cochran

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, About 12 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 411 Franklin St.

Cause of Death, { First (Primary,) Born with brain trouble / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden, Park Co.

Date of Burial, Oct 15 — 1875

{ *Undertaker,* J. B. Blackistonston
{ *Place of Business,* 606 Bath st *Address*

James L. Kirkland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltr.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. W. Branch Patapsco River

Cause of Death, First (Primary,)

Second (Immediate,) accidentally drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Burial Ground

Date of Burial, Oct 15th 1875

Thos. Kelly M. D.

Medical Attendant ~~or Coroner~~

Undertaker, John W. Sparks

Place of Business, 57 South Wolfe St *Address* 70 Same

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13 '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, black *Sex,* male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 9 th Exeter. Residence 123 Hollins

Cause of Death, First (Primary,) } unknown

Second (Immediate,) } Apoplexy probably sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15th 1875

Edm'd R Walker *M. D.*
Medical Attendant.

Coroner

Undertaker, John W Locke

Place of Business, 57 South Wolfe st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore

No. 6020

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Kirby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number.} No 6 N. Dallas st

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15th 1875

Undertaker, John W Cook

Place of Business, 57 South Wolfe st

John A Conner M. D.
Medical Attendant.

Address Cor Ball & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...s of Cemeteries in City of Ba...

No. 6021

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14 /75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Revikamp

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 43 Albemarle St

Cause of Death, { First (Primary,) Marasmus
Second (Immediate,)

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 16th 75 Abram N Arnold M. D.
Medical Attendant.

Undertaker, J. R. Byrnes

Place of Business, Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6025

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. OCT 15 1895 BALTIMORE

Date of Death, Oct 14th 95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt J. McKenzie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 174 Greenmount Ave

Cause of Death, First (Primary,) unknown

Second (Immediate,) (Probable) convulsions

Duration of Last Sickness, an hour death

All the above information should be furnished by the Physician.

Place of Burial, H Peters Cemetery

Date of Burial, Oct 15 11 O'clock

Edmund Wrathe M. D.
Medical Attendant.
Coroner No. P. I

Undertaker, Geo. C. Rodenmyer *Address* 10 Linden Ave

Place of Business, 38 Bacon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9 3

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6023.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Mitchell

~~Sex~~, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge, Dorchester County, Md.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 280. East Fayette St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 16th 1875

F. A. McManus M. D.
Medical Attendant.

Undertaker, Armstrong & Lenny

Place of Business, 263 Light St *Address* 11. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

Date of Death, Oct 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharina Keller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 93 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 202 Baltic St

Cause of Death, {First (Primary,) old age.
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery Hunt & Clem

Date of Burial, Oct 16

Undertaker, Wendel Dispel

Place of Business, 21 Bond St

Address Commis of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by Wendel Dispel Undertaker

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41625.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lidia I. Lifkthizer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 220 Cross St.

Cause of Death, First (Primary,) Cancer Uterus.
Second (Immediate,) " " — Exhaustion

Duration of Last Sickness, 5 Years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem R. W. Hodge M. D.

Date of Burial, Oct. 17th 1875 Medical Attendant.

Undertaker, Julius Koehler *Address* 201 Hanover St.

Place of Business, Cor Sharp & Cross St Baltimore Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

Date of Death, Oct. 13th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas Lynch.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 5 *Months,* 4 *Days.*

Color, Dark *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 5 N. Welch Alley

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery H. D. Crim *M. D.*
Medical Attendant.

Date of Burial, Oct 15th 75

{ *Undertaker,* John B. Williams Grace & Lafayette Sts
{ *Place of Business,* 107 Eutaw st *Address* Rear Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore October 13th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female Child

Age, Nine *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.} Child

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Resident

Place of Death, {Give street and number.} No 14 Plum Row

Cause of Death, First (Primary,) Spinal Irritation

Second (Immediate,) And Congestion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15th 75

Undertaker, John B Williams

Place of Business, 107 Lee st

A. L. Dyer M. D.

Medical Attendant.

Address No. 146 Hill St.

Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6028.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Clay, Ward.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 30 *Years,* 5 *Months,* 7 *Days.*

Color, White, *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Conductor B & O R R.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } North Bound, Baltimore County.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 5 S. Howard Ave.

Cause of Death, { First (Primary,) Fever } { Second (Immediate,) Taken from the Bowels }

Duration of Last Sickness, 16 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park *John A. Rose* M. D.

Date of Burial, Oct 18th Medical Attendant.

Undertaker, Wm M. Leonard & Son

Place of Business, 152 N Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Herbert Hamond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 17 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Buffalo - N. Y.

Duration of Residence in the City of Baltimore, Whole 1 year

Place of Death, {Give street and number.} 139 Bolton St. Baltimore City

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) asthenia & partial asphyxia from same

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct. 16 1875

S. E. Chew M. D.
Medical Attendant.

Undertaker, W. W. Jenkins & Son

Place of Business, N. Light St

Address 1411 E. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6103

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Shyrock

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 247 Preston St

Cause of Death, First (Primary,) Obscure affection of Brain

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 15th October

C. Winslow M. D.
Medical Attendant.

Undertaker, H. H. Chase

Place of Business, No 198 Howard St *Address* 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Frances Gwynn

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, — 25 *Years,* 9 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 140 Arlington Ave

Cause of Death, First (Primary,) Rheumatism

Second (Immediate.) Rheumatic Cardites

Duration of Last Sickness, Seven Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 16th 1875

J. Wm Walls M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 1648 Druid Hill Ave *Address* the firm of Slagle Hines South Eutaw St bet Lanvale & Laurens

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A. Clark.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 8 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 20 Greenwillow Ln.

Cause of Death, First (Primary,) Organic Disease of Heart.

Second (Immediate.)

Duration of Last Sickness, Afflicted for 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 16th 1875

Jno. L. Kreger M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Sutton Washburn

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 1 *Years,* 3 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 87 Garden St

Cause of Death, {First (Primary,) Tuberculosis

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Grave Yard

Date of Burial, October 16th 1875

Chas. Leunler M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver

{*Place of Business,* No 4 & 6 Druid Hill Ave

Address 59 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Sinclair Rayner Clark

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} 291 Cathedral ave

Cause of Death, First (Primary,) Pneumonia (acute and congestive)

Second (Immediate,) a skin disease of Bladder - Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 16th of October

Undertaker, Henry Keck

Place of Business, 309 N Central ave *Address* 256 N Eden St

Baltimore M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6035

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Peter

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 3 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross but the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 880 Hanover St.

Cause of Death, { First (Primary,) Croup membranous

{ Second (Immediate,) Suffocation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Lutheran Cemetery~~ Western Cemetery

Date of Burial, October 17 74

A. M. Dodge M. D.

Medical Attendant.

{ *Undertaker,* Andrew Arnett

{ *Place of Business,* 206 Columbia st

Address 201 Hanover St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

Date of Death, October 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Hurstal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 2 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 80 Somerset St

Cause of Death, First (Primary,) ....

Second (Immediate,) Convulsions

Duration of Last Sickness, whole Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonses

Date of Burial, October 16th 1875

Undertaker, Parents

Place of Business, ~~—~~

James H Steen M. D.
~~Medical Examiner~~

Address Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Father Aloi Keller

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Infant~~ Amelia A Morgan Parents

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 hours *Years,* *Months,* *Days.*

Color, ~~White~~ W *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 hours

Place of Death, {Give street and number.} No 16 Hurn Court

Cause of Death, First (Primary,) Preternatural Birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 16th 1875

Undertaker, Parents

Place of Business,

L. L. Hubbert M. D.
Medical Attendant.

Address 18 E Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1038

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Bernard Lamar

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 14 *Months,* *Days.*

Color, White *Sex,* White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and number. } No 12 Mt Henry

Cause of Death, { First (Primary,) Gastric Catarrh Fever
Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, About 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 16

D. P. Hoffman *M. D.*
Medical Attendant.

{ *Undertaker,* S B Cook
{ *Place of Business,* 707 W Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6109

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geoge Carleton Capard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Townsend & Bolton Sts

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, October 17th " 1875

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St "

D. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4411-70

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct - 14th - 1875 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Jeffers -

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} -

Age, 57 - *Years,* *Months,* *Days.*

Color, White - *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, none -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania -

Duration of Residence in the City of Baltimore, For years -

Place of Death, {Give street and number.} Baltimore - St, apoplexy -

Cause of Death, { First (Primary,) softening of Brain -
Second (Immediate,)

Duration of Last Sickness, Two years -

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet R. H. Goldsmith. M. D.

Date of Burial, 17th 1875 - Medical Attendant.

Undertaker, Jos. Loane Address 125 N. Charles St -

Place of Business, 548 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Anne Brown

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, about 40 *Years,* *Months,* *Days.*

Color, Yellow *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation, Washing & Ironing

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Catonsville Balto Co

Duration of Residence in the City of Baltimore, (5) five years

Place of Death, { Give street and number. } No 7 Bethel Row Or This is Palmonah's

Cause of Death, { First (Primary,) Asthma / Second (Immediate,) }

Duration of Last Sickness, Two (2) years

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, Oct. 17th 1875

Undertaker, William H. Burgess

Place of Business, Nº 104. East St. *Address* 74 N. Paca St

N. G. Keirle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1875. 11. A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Cooke McNally

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 10 Days.

Color, white *Sex,* Male

~~*Married, Single, Widow or Widower?*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 407 Eastern Ave.

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, October 18th 1875

Undertaker, Joseph H. Cook

Place of Business, 707 W. Balto. St.

Pierce L. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jean Philipp Heinecke

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* 6 *Months,* 16 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Wyatt St. 73

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Church Cemetery

Date of Burial, 16 October

A. E. Reinhard M. D.
Medical Attendant.

Undertaker, Peter Kummert

Place of Business, N. Fremont St. 511 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nellie Belscheer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 1 *Months,* 9 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth.

Place of Death, { Give street and number. } 110 S. Sharp St.

Cause of Death, First (Primary,) Pseudo

Second (Immediate,) Membranous Croup

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 17th October 75.

J. H. Smith M. D.
Medical Attendant.

Undertaker, P. S. Dill

Place of Business, 183, Columbia St. *Address* 108 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6043

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

117

CERTIFICATE OF DEATH.

Date of Death, Oct 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard F. Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 6 *Months,* —— *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 144 Townsend St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, October 17th 1878 Howard Cook M. D.

Medical Attendant.

Undertaker, J. W. Jenkins & Son

Place of Business, Light St near German *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 17 BALTIMORE

Permit No. 6046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Travers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, colored *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Taylors Island, Dorchester Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 248 Cross Street

Cause of Death, First (Primary,) Natural Causes, most likely

Second (Immediate,) Rheumatism of the Heart

Duration of Last Sickness, Complaining for more than a year past

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 16 75

Undertaker, W. H. Chase

Place of Business, 191 Edmond *Address* at

M. M. Duvall M. D.
Coroner ~~Medical Attendant~~

98 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 17 1875 BALTIMORE

HEALTH DEPARTMENT OCT 1875 BALTIMORE

Permit No. 6047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore October 14th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty Eight *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Whitesh

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Maryland

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number.} No 1144 York St

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Hemorrhage

Duration of Last Sickness, Eighteen Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 16 75

Undertaker, D Dobson

Place of Business, 190 S Howard St

J J Lyon *M. D.*
Medical Attendant.

Address No 1146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 17 BALTIMORE.

Permit No. 6048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore October 15th 1915

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George M Wells

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Three *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Resident

Place of Death, {Give street and number.} No. 14 Streethollin St

Cause of Death, First (Primary,) Cerebral Apoplexy

Second (Immediate,) Apoplexy Several

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mark Cemetery J. D. Dyer M. D.

Date of Burial, Oct 16 1915 Medical Attendant.

Undertaker, C H Case

Place of Business, No 118 Howard Address No 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6049

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

HEALTH DEPARTMENT OCT 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Howard

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 5 8 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Anna Arundle Co Md

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give street and number. } 11 Booth St near Gilmor

Cause of Death, { First (Primary,) Inflamation of Bowels
Second (Immediate,) Nine Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery *W. I. Requier* M. D.
Medical Attendant.

Date of Burial, Oct 17 1875

{ *Undertaker,* P M Chase *Address* 109 N Calhoun St
{ *Place of Business,* No 198 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 17 BALTIMORE

Permit No. 6050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Cane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, House Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and number.} 2621 East Madison Street

Cause of Death, {First (Primary,) Typhoid Gastritis
Second (Immediate,)

Duration of Last Sickness, 1 month and 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 18th 95

Geo. B. Wagner M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Address Cor Virginia & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

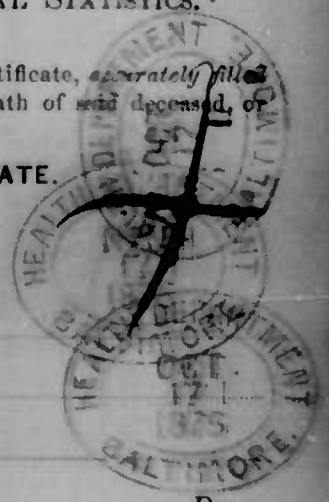
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Oct 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas P Kelley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 21 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 51 Bruen St

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt

Date of Burial, Oct 17 — 75

D Webster Cathell M. D.
Medical Attendant.

Undertaker, John I Rodenmayer *Address* 1½ N Eutaw St

Place of Business, N E Cor Monument & Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

Permit No. 6052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore October 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman A Coons

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Seven *Months,* Fourteen *Days.*

Color, Colored *Sex,* Male Child

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Maryland

Duration of Residence in the City of Baltimore, Lit Month

Place of Death, {Give street and number.} No 146 Fell St

Cause of Death, {First (Primary,) / Second (Immediate.)} Exposure Spinal Irritation Fourteen days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 17th 1875

{*Undertaker,* John B. Hilliam / *Place of Business,* 167 Lee St.}

T. D. Dyer M. D.
Medical Attendant.

Address No 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 17 1 375 BALTIMORE

Permit No. 6053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Washington Insley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, ~~White~~ *Sex,*

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all the time

Place of Death, {Give street and number.} No. 1 Cross Alley

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 17th October

Undertaker, ~~John B. Williams~~ Wright

Place of Business, 107 Lee St

A Riel M. D.
Medical Attendant.

Address 30 N. Thirteenth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE
OCT 17 1875
HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th of Oct

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary P Peacock.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number.} 276 Franklin St

Cause of Death, First (Primary,) Inflamation of Bowels

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Oct 18th 1875

Jas Montgomery M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE OCT 17 1875

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 2/12 *Years,* *Months,* *Days.*

Color, black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Falls near Eastern Ave Bridge

Cause of Death, First (Primary,) Accidental

Second (Immediate,) Drown F

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Patterson

Date of Burial, October 17th 1875

Undertaker, Wm Donovan

Place of Business, Bankstreet

Edmund K Walker M. D.

~~Medical Attendant~~ Coroner B. C. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE OCT 16 1875

Permit No. 6056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Child of Florence Stewart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 86 N. Durham Street

Cause of Death, First (Primary,) .....

Second (Immediate,) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pattersfield

Date of Burial, October 17th 1875

Undertaker, Wm Roman

Place of Business, Bond Street

James H Stewart M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

Permit No. 4057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Thomas Green

~~*Sex,* Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, Last 4 mos

Place of Death, {Give street and number.} 60 Harford Ave.

Cause of Death, {First (Primary,) / Second (Immediate,)} General debility

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 18th in 1875.

Rev. Brooke Boyle M. D.
Medical Attendant.

{*Undertaker,* Wm. Hickman / *Place of Business,* 234 E. Gay St.} *Address* 174 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

Permit No. 1058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. M. Albert

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, white *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 82 Ford Ave

Cause of Death, {First (Primary,) Found dead by undersigned

{Second (Immediate.) Said to have died suddenly with Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, 19 October 75

Geo St. Dare M. D.
Medical Attendant.

Undertaker, J. P. Reeves

Place of Business, 66 Druid Ave Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

Permit No. 6059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Fischer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 10 *Months,* 11 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 140 E Pratt St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn J Webster Cattell M. D.

Date of Burial, Oct 19th 1875 Medical Attendant.

Undertaker, C Rosenberg *Address* 14 S Eutaw St

Place of Business, 136 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

Permit No. 6060

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lewis Beck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* —

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 498 Canton Av

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Dropsy - uraemia - Coma

Duration of Last Sickness, Four weeks (4)

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Oct 19th 1875

G. L. Wilkins M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 69 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

Permit No. 6061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Willelm

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 262 Penn ave

Cause of Death, {First (Primary,) Second (Immediate,)} Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct° 18

{*Undertaker,* J H Chapmans
Place of Business 262 Penn ave

D. H. Miller M. D.
Medical Attendant.

Address 84 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

Permit No. 6062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

Date of Death, October 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Collins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Albemarle St. near Lamb and St

Cause of Death, {First (Primary,) — Second (Immediate,)} Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery — James H. Lemmon *M. D.*

Date of Burial, Octo 18th 1875 — ~~*Medical Attendant.*~~

Undertaker, John H. Weaver — *Address* Commrs of Health

Place of Business, 22 W. Fayette St — & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by James Collins - father

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Buck Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 7 Years *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 32 Canal Ann Street

Cause of Death, First (Primary,) Inflammation of [redacted] Stomach

Second (Immediate,)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Canal Cemetery

Date of Burial, October 18th 1875

Undertaker, William A. Dunge

Place of Business, No 104 East St

J. B. Browne M. D.
Medical Attendant.

Address 307 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

OCT 18 1875 HEALTH DEPARTMENT BALTIMORE

Permit No. 6064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 18 1875 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 17. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Gleason

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 weeks ~~Months~~, ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lombard St Infirmary. Balt City

Duration of Residence in the ~~City of Baltimore~~, Institution 14 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Govanstown

Date of Burial, Oct 18th 1875

Mabury Brewer M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 16 & 18 Druid Hill Avenue

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

Permit No. 4065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles N. W. Plumley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male,

Age, 10 *Years,* 10, *Months,* 4 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 109. Pennsylvania Ave,

Cause of Death, First (Primary,) Typhoid fever.

Second (Immediate,) Anasarca {caused by organic Heart trouble,

Duration of Last Sickness, 44 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 19th 1875

H. R. Fellenhoff M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 1646 Druid Hill Ave *Address* 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1895 BALTIMORE

Permit No. 4066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry A. Schroder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty four *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Daily Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. One hundred U.S. 23. years

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, {Give street and number.} 254 Montgomery Street Baltimore Maryland.

Cause of Death, First (Primary,) ~~Apoplexy~~ Apoplexy

Second (Immediate,)

Duration of Last Sickness, Fifteen Minutes

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery. J. R. Ficky *M. D.*

Date of Burial, October 18th 1895 Medical Attendant.

Undertaker, Chas F. Handel *Address* 280 Hanover St

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

Permit No. 6067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 17. '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert Cowman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 668 W. Lexington St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,)

Second (Immediate,) Hydro. pericard.

Duration of Last Sickness, about 2. Mos.

All the above information should be furnished by the Physician.

Place of Burial, Friends. Cemetery

Date of Burial, Oct 18 — 1875

H C Shatton M. D.
Medical Attendant.

Undertaker, J.B. Blackiston & Son

Place of Business, 606 Baltst *Address* 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

Permit No. 6068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Haigley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 10 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 192 N Collins

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 18

Edwd J Mechrecard M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Baltimore

Address 229 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to use of Blanks

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

Permit No. 6069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Beale

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 4 *Months,* 5 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's County Maryland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 47 Hanover st.

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick.

Date of Burial, Oct 18

Undertaker, J A Cook

Place of Business, 707 W St Baltimore *Address* 97 N. Broadway

Pierce L Dawson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

Permit No. 4070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14 – 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Crockard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 N. Poppleton

Cause of Death, { First (Primary,) / Second (Immediate,) } Obstruction of the bowels / Four days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Louis W. Knight M. D.

Date of Burial, The 17th Inst. Medical Attendant.

{ *Undertaker,* P. Kennedy, / *Place of Business,* 317 Pulteney } *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

Permit No. 6071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Queen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 55 yrs

Place of Death, {Give street and number.} 31 Wood St

Cause of Death, {First (Primary,) —
Second (Immediate,) General Dropsy
7 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 18 1875

Undertaker, T S McClure

Place of Business, No 198 Broadway

Jno D Blake M. D.
Medical Attendant.

Address S. E. Cor Park & Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...hysicians is respectfully invited to the remarks below, and to List of Diseases on bac... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

Permit No. 6072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Magino,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Nine Years.

Place of Death, {Give street and number.} 189 E. Eager St

Cause of Death, { First (Primary,) Chronic Gastritis

Second (Immediate,) 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 19th 1875

Undertaker, Henry W Mears

Place of Business, 45 N Gay St

J. W. Hack M. D.
Medical Attendant.

Address 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 4073

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Maguire

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Thirty Six *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carriage Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co Fermanagh Ireland

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number.} Corner Boyd and Hollins Alley

Cause of Death, First (Primary,) Intraocular aneurism of the Heart

Second (Immediate,) Asphyxia

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, October 20th 1875

John C Waters M. D.
Medical Attendant.

Undertaker, L. B. Cook

Place of Business, 707 W. Balto St. Address 498 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

HEALTH DEPARTMENT OCT 18 1 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th. October 4 o'clock after noon

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosine Weiss.

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Kirchheim, Bavary, Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } S. Chapel Street 100

Cause of Death, { First (Primary,) Hydrops Ascites Dropsy. 2 / Second (Immediate,) Peritonitis }

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church burying ground William Henkel M. D.

Date of Burial, 19th at 10 o'clock Medical Attendant.

Undertaker, Henry Bein

Place of Business, 153 Aisquith st. *Address* S. Wolfe st. 112.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba... Certi...

Board of Health, City of Baltimore,

HEALTH DEPARTMENT OCT 18 1877 BALTIMORE.

Permit No. 6075

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 18 1877 BALTIMORE.

Date of Death, October 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adelaide Townsend

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Dress-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt° City

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} 72. S. Ann St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 9 Mths

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 19

Undertaker, Wm Fry

Place of Business, 54 E Broadway

F. A. McManus M. D.
Medical Attendant.

Address 71. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ... this Certi...

Board of Health, City of Baltimore,

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Elizabeth Madden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventeen *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Reisterstown Md

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 67 Mulberry St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown Balto Co

Date of Burial, Oct 18th 1875

D G Thrush *M. D.*

Medical Attendant.

Undertaker, Wm Somerfield

Place of Business, 63 Mulberry St *Address* 63 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ba... ...ertif...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

Permit No. 6077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17- 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Philip Boyer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, (96) 6 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

~~*Married, Single, Widow*~~ *or Widower,* { Cross out the words not required in this line. } Widower

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 75 years

Place of Death, { Give street and number. } 3 Lambard

Cause of Death, { First (Primary,) Peritonitis (Adispathic) / Second (Immediate,) Suddenly I don't Know

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery *Wm Tarkamp* M. D.

Medical Attendant.

Date of Burial, Oct 18th 1875

Undertaker, Wm James Gray *Address* 55 N. Gorsuch

Place of Business, 65 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to list of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

Permit No. 11178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 18 ~~18~~ BALTIMORE.

Date of Death, October 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Maggie E. Doyle.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} ....

Age, 30 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 30 years,

Place of Death, {Give street and number.} No. 55 N. Carrollton Av.

Cause of Death, {First (Primary,) Childbirth.

{Second (Immediate,) Uterine Rupture.

Duration of Last Sickness, 10 hours.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct. 19th

Undertaker, H. Byrne.

Place of Business, N. Liberty St.

J. M. C. Cuddy. M. D.
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

Permit No. 6079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Bentley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* ——— *Days.*

Color, Black

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Cambridge Md

Duration of Residence in the City of Baltimore, 1 years

Place of Death, {Give street and number.} Hax's alley near Bond St

Cause of Death, {First (Primary,) Cold — Second (Immediate,) Consumption

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician

Place of Burial, Dallas St. Cemetery

Date of Burial, October 19 1875

Undertaker, John W. Locke

Place of Business, Wolf St

James F Stewart M. D.

~~Medical Attendant~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Sophia Collins — mother

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 1875 BALTIMORE

Permit No. 6080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Noah James

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 12 3/4 N. Eutaw St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, three years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Francis Adams M. D.

Date of Burial, Oct 19 1875 Medical Attendant.

Undertaker, W. N. Dungue *Address* 133 Jefferson St

Place of Business, East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba... ...ertis...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 BALTIMORE

Permit No. 6081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Helena Oct 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Ashton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} do

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} 99 Raborg st

Cause of Death, First (Primary,)

Second (Immediate,) Suicide, by taking Morphine

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Geo G Ayle Coroner *M. D.*

Date of Burial, October 19th 1875 Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

Permit No. 6082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Louis Bruley

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oct 18 75

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 125 N Washington

Cause of Death, { First (Primary,) Fistulus Seconde

{ Second (Immediate.)

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 20th 1875

Abram B Arnold M.D.
Medical Attendant.

{ *Undertaker,* Henry Schultheis

{ *Place of Business,* E Monument St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK [illegible] CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE.

Permit No. 6183,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Cooper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} — Male —

Age, ~~~~ *Years,* — 17 — *Months,* ~~~~ *Days.*

Color, Colored

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 97 S Durham St

Cause of Death, {First (Primary,) Scrofula

{Second (Immediate,) Dropsy

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Dallas Cemetery

Date of Burial, October 19th 1875

Undertaker, John Locke

Place of Business, No 59 S Howard St

Thomas D. P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE.

Permit No. 10814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Green

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.} Male

Age, — 95 — *Years,* ——— *Months,* ——— *Days.*

Color, — Colored —

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 222 Durham St

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician

Place of Burial, Dallas St. Cemetery

Date of Burial, October 13th 1875

Undertaker, John H. Locke

Place of Business, No 59 Hoof St

Thomas J. Evans, M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

Permit No. 4085

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 [illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hueber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 3 *Months,* 1 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 85 Scott

Cause of Death, First (Primary,) Albuminuria

Second (Immediate.) (Eruption from anaemia)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery C. L. Buckenstahr M. D.

Date of Burial, October 20 1875 Medical Attendant.

Undertaker, Charles F. Herold *Address* 166 Columbia

Place of Business, 161 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK OF CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

Permit No. 6086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 [illegible] BALTIMORE

Date of Death, October 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Browstre

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 277 S. Ann Street

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Summer Complaint

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, October 19th 1875

James H. Chew M. D.
~~Medical Attendant.~~

Undertaker, Frank Cramer

Place of Business, 219. Canton Ave

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Joseph Browstre [OVER.] Father

hysicians is respectfully invited to the remarks below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

Permit No. 4087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Jane Hogg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick City Md

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} Edmondson Avenue Near Carey St

Cause of Death, First (Primary,) Pytho-Molarial Poisoning.

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick City Md.

Date of Burial, Oct 20th 1875

Undertaker, Hughes & Co

Place of Business, 530 West Fayette St

Henry R Noel M. D.
Medical Attendant.

Address 10 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 236)

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 1875 BALTIMORE

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

Permit No. 6088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Edward McWilliams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 9 *Months,* 12 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 127 South Regester Street

Cause of Death, First (Primary,) Cold

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 19th 1875

Undertaker, Murphy & Co

Place of Business, 68 Broadway

E J Tray *M. D.*
Medical Attendant.

Address No 19 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

Permit No. 6089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Eliza M. Hampson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 158 N. High St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 20th 75

{ *Undertaker,* Thos J Hughes
{ *Place of Business,* 60 E Balto

J. Whitridge M. D.
Medical Attendant.

Address 121 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

Permit No. 6091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th October 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Fred. Kraft

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, 15 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 Bevan St.

Cause of Death, First (Primary,) Inflammation of Bowels

Second (Immediate,) 4 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 20th 1875

Undertaker, C F Krause *Address* 108 S. Sharp St.

Place of Business, 209 Hanover St

J Schmidt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE.

Permit No. 6091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Jane Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiting Girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, Year & Half

Place of Death, {Give street and number.} Cole 84 - n. Number

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Sixty months

All the above information should be furnished by the Physician.

Place of Burial, Howard Co

Date of Burial, Oct 20

Undertaker, J B Cook

Place of Business, 70 West Baltimore *Address* 38 Frederick st.

Jno. H. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 237)

...sicians is respectfully invited to the remarks below, and to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE. OCT 20 1875

Permit No. 6092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Matilda Harrison

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 0 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 85 Hamburg St

Cause of Death, First (Primary,) Gastritis

Second (Immediate,) 13 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 20 1875

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address* 17 Hanover av

H. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...SICIANS is respectfully invited to the remarks below, and to list of diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6093.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Yager

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ___ *Years,* 10 *Months,* ___ *Days.*

Color, White *Sex,* ___

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, ___

Place of Death, {Give street and number.} Payson & Pratt sts

Cause of Death, First (Primary,) Irritation of stomach & bowels.

Second (Immediate,) Menengitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 21st Oct.

Undertaker, Jno. P. Paulas

Place of Business, 66 Frederick Ave *Address* 91 Frederick Ave

Geo. H. Dan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

Permit No. 6094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. H. Matten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 9 *Days.*

Color, ... *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ×

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ×

Place of Death, {Give street and number.} No 33 E. Biddle St

Cause of Death, First (Primary,) ...

Second (Immediate,) Eclampsia

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 20th 1875

Undertaker, Wm. H. Dickman

Place of Business, 234 N. Gay St. *Address*

M. W. White M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

ysicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanni Rahmann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 50 *Years,* .. *Months,* .. *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line } Single

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ~~Baltimore City~~ Maryland

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, { Give street and number. } American Hotel

Cause of Death, { First (Primary,) apoplexy

Second (Immediate,)

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cold Cemt - J H Buttner M. D.

Date of Burial, Oct 21 - 1875 11 Franklin Medical Attendant.

Undertaker, John J Rodmayer Address

Place of Business, 42 & 60 Fremont Ave & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

hysicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

Permit No. 6096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th October 1875 at. 10 o'clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Elizabeth Hines

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 18 Washington avenue

Cause of Death, First (Primary,) Inflamation of Brain

Second (Immediate,)

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, ~~H Bitts~~

Date of Burial, Oct 20

C. A. Richardson M. D.
Medical Attendant.

Undertaker, J H Cook

Place of Business, 707 West Baltimore St *Address* 302 W. Lombard St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...sicians is respectfully invited to the remarks below, and to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6097

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20th October 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Homer Louis Fitch

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 years 4 & 8 months

Place of Death, {Give street and number.} N. E. Cor Chew & Eyton Sts

Cause of Death, First (Primary,) Inflamation of Lungs

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Oct 21 1875

Wm. H. Atwell M. D.
Medical Attendant.

Undertaker, Wm Fry

Place of Business, 54 N Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

Permit No. 6098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Clay Hack Jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 6 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Infant — None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 60 S Paca St. Balt.

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} No 60 S Paca St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 21 Oct 1875

John C. Harris M. D.
Medical Attendant.

Undertaker, J Schacher

Place of Business, 1 1/2 Bo Loudon Av *Address* No 360 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

hysicians is respectfully invited to the remarks below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 20 BALTIMORE

HEALTH DEPARTMENT OCT 20 BALTIMORE

Permit No. 6099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th P.M. Oct 19. 75 Tuesday

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matilda Warner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 27 *Years,* ——— *Months,* ——— *Days.*

Color, Blk *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 166 Hamilton St. Balto Md

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, { Give street and number. } 66 Hamilton St Balto Md

Cause of Death, { First (Primary,) Tuberculosis / Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill Cemetery

Date of Burial, October 1875

Lloyd M. Rashman M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, S. Howard St *Address* 249 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

sicians is respectfully invited to the remarks below, and to use of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene E. Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* Five *Months,* Five *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} 271 North Broadway

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Oct 21st 75

Undertaker, Cuny

Place of Business, 54 N Broadway

Milton A. Taylor **M. D.**
Medical Attendant.

Address No. 100 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19 Oct 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew McGannon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Rock St. Balt. City

Duration of Residence in the City of Baltimore, 2 yrs & over

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) ——— Second (Immediate,) Croup

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 21st 1875

Undertaker, George Saffran

Place of Business, 1 h Pennsylvania Ave.

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysicians is respectfully invited to the remarks below, and to use of disease on...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 19. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest S Shoemake

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 337, Light, St

Cause of Death, {First (Primary), Second (Immediate).} Scarlatina Anginosa

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co. Md

Date of Burial, Oct 22 1875

H. B. C Noble M. D.
Medical Attendant.

Undertaker, Armstrong & Lamy

Place of Business, 103 Light St *Address* 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 238)

hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4103, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman H. Brunnig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 2 *Months,* 15 *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Cigarmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, {Give street and number.} 88. S. Central Ave.

Cause of Death, {First (Primary,) Valvular disease of H Heart

Second (Immediate,) (Dropsy & anemia)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Octob 22 1875

Abram B Arnold M. D.
Medical Attendant.

{*Undertaker,* Fred Gaede

{*Place of Business,* 185 E. Pratt St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct ~~19~~ 20/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Adolph.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 105 N. Caroline St.

Cause of Death, First (Primary,) Uraemia

Second (Immediate,) (Convulsions - Coma.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, October 21

Undertaker, Markell

Place of Business, 74 S. Bond *Address*

Abram B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

sicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, If requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 weeks ~~Years,~~ ~~Months,~~ 1 *Days.*

Color, White ~~Sex,~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 7 Since birth

Place of Death, {Give street and number.} 73 S. Chaptank St.

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) "

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 21

E. L. Burns *M. D.*
Medical Attendant.

Undertaker, Mahafe

Place of Business, 404 Balto

Address 404 E. Baltimore St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Flanny

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~4 Years.~~ 17 *Months,* ~~Days.~~

Color, *Sex,* Female

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md. 17 mos

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 65 S. Eutaw St

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Oct 21/75

Undertaker, Jno P. Cook

Place of Business, Baltimore

H. L. Stein M. D.
Medical Attendant.

Address 65 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Berkely

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar roller.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 48 yrs

Place of Death, {Give street and number.} Washington University,

Cause of Death, First (Primary,) Phthisis Pulmonalis.
Second (Immediate,)

Duration of Last Sickness, 15 months.

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Field

Date of Burial, October 21 1875

A. L. Wolfe, M. D.
Medical Attendant.

Undertaker, D. Donovan

Place of Business, 1418 S. Central Ave

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19 - 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abm Sears

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 60 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, about 10 yrs

Place of Death, {Give street and number.} Carlton St No 2

Cause of Death, {First (Primary,) Pthisis

Second (Immediate,) About a year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpt cemetery

Date of Burial, oct 22 75

{*Undertaker,* W. Wm. Chase

{*Place of Business,* 198 S Howard st *Address*

Dr R Walton M. D.

~~Medical Attendant.~~

581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to list of diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Fadden

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Acute Consumption

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, Oct 21 1875

Edw F. Michaels M. D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 N Front St *Address* 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6110

HEALTH DEPARTMENT OCT 21 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Foundling

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 15 Stockton Street

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 22. 1875

Undertaker, Jas. L. Chalmers

Place of Business, 262 Penn^a Ave

Marbury Brown M. D.
Medical Attendant.

Address 701 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ysicians is respectfully invited to the remarks below, and to last of discussion ... of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Schmieke

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Forty three *Years,* *Months,* Forty three *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Shoe Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Wichdorf Hesse Cassel Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, { Give street and number. } No 312 West Fayette St.

Cause of Death, { First (Primary,) Typhoid Fever. / Second (Immediate,) }

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetary

Date of Burial, October 24th 1875

Nicholas E. Mathieu *M. D.*
Medical Attendant.

{ *Undertaker,* Henry Sander
{ *Place of Business,* 252 Canton Ave. *Address* 917 S. Broadway

---

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, If requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Carrie~~ Katie Yocum

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 ~~2~~ Years, 11 Months, 11 Days.

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} S. E. cor. Chase & Asquith Sts.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Exhaustion

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Balle Cemetery Glenville, Md.

Date of Burial, Oct. 22nd 1875

Undertaker, W. H. Hickman

Place of Business, N. Gay St. *Address* Balt. & Hook. Rds.

L. Block M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1113,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Kuntz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corner Russell & Cross Sts

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 22nd 1875

Undertaker, Chas H. Heald

Place of Business, 161 Hanover St

J. C. Buch M. D.
Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 21 IN CRE

Permit No. 6114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Lynch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Monument St Balt. City

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} 3 Wordyear St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Oct 22. 1875

Undertaker, Geo. Saffman

Place of Business, 21. Penn Ave.

Mantury Brown M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...n of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria Hammond

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* 10 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Welcome alley in rear of 33 #

Cause of Death, First (Primary,) ; Second (Immediate,) Exhaustion

Duration of Last Sickness, Half hour

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery — James H. Stewart M. D.
Medical Attendant

Date of Burial, October 22 1875

Undertaker, Saml. H. Chase

Place of Business, S. Howard St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information — Georgeanna Ballard aunt [OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Webster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 679 W Lombard St

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 22nd 1875

Undertaker, John L. Machen

Place of Business, 150 Camden

J Webster Bullock M. D.
Medical Attendant.

Address 142 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elizabeth Gibson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 11 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 395 N Eutaw Avenue

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 23 75

F. A. McManus M. D.
Medical Attendant.

{*Undertaker,* Geo. Schilling *Address* 71 Franklin St
{*Place of Business,* Cor Aisquith & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6118

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 21st A. M. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } P. Richard Lebrun

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 1 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 419 S. Caroline St. Balto. City

Duration of Residence in the City of Baltimore, Since Life

Place of Death, { Give street and number. } 419 S. Caroline St.

Cause of Death, { First (Primary,) Cerebritis / Second (Immediate,)

Duration of Last Sickness, Ten Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cimetery

Date of Burial, October 22d 1875

{ *Undertaker,* H. H. Gibboney

{ *Place of Business,* 341 Central Av.

James E. Donnelly M. D.
Medical Attendant.

Address 199 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct° 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hynes

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 52 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 133 N Schroeder St

Cause of Death, First (Primary,) Disease of Lein

Second (Immediate,) Dropsy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, October 23 1875

Richd. Matthews M. D.
Medical Attendant.

Undertaker, Fred T. Namuth

Place of Business, Schroeder St *Address* 189 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT BALTIMORE

Permit No. 6120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Rüdiger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* Ten *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 53 Myrtle Avenue

Cause of Death, First (Primary,) Intoxication

Second (Immediate,) Convulsions

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 23rd of Oct.

Gaines A Stemz M. D.
Medical Attendant.

{*Undertaker,* P. Kinnear.
Place of Business, 311 N. Charles St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6121,

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bass,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 163 S. Eden St,

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 182 S. Durham

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct. 23d

R. M. Mansfield M. D.
Medical Attendant.

Undertaker, Michael Kenny

Place of Business, No 33 Bank

Address 114 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle Healy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 20 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 50 Fawn St

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 22d 1875

D Webster Cattell M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St *Address* 120 Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6123,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Lacroix

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 4 yr. *Years,* 1 *Months,* 11 *Days.*

Color, White. *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 177 Jefferson St.

Cause of Death, First (Primary,) Cholera

Second (Immediate,) Induration of Lungs

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Co.

Date of Burial, 24th 2. P.M.

Undertaker, Reid & Lee

Place of Business, 223 E. Balto

D. S. Sinnecomb *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...l Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 20 the 2p m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles L. S. Lee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days.*

Color, d *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clark

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} Garden St No 10.

Cause of Death, First (Primary,) —

Second (Immediate,) Cancer

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, oct. 22. 75

John S. Fisher. M. D.
Medical Attendant.

Undertaker, S McShane

Place of Business 191 S Howard st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice E Jacobs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 13 Months, ——— Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 366 Hamburg St

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflammation of Brain 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 23rd 75

{*Undertaker,* I Kohler / *Place of Business,* Shuh & Crooks,}

I H Carey M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6126

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Barker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* 1 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 185 Bethel Street North

Cause of Death, {First (Primary,) Artificial Feeding / Second (Immediate,) Inanition

Duration of Last Sickness, one months

All the above information should be furnished by the Physician

Place of Burial, St Mathews Cem'y

Date of Burial, October 23 1875

Undertaker, Michael Funk

Place of Business, 35 Bank St

Ernest A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Barker - Father

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1127.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Dorsey Shoemaker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 0 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 337 Light St

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, Ten Days

All the above Information should be furnished by the Physician.

Place of Burial, Dorchester Co. Md

Date of Burial, Oct 22 1875

Undertaker, C. Armstrong & Denny

Place of Business, 263 Light St. *Address*

W. B. Noble M. D.
Medical Attendant.

17 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 2.39)

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 28 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elgecco Davis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italia. U.S.

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 205 South St.

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, F. Mt. Cemetery

Date of Burial, Oct. 24/75

Undertaker, Mr Heracl

Place of Business, Frame St. Lombard Sts *Address* 37 & 41 Lombard St

H. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Binswanger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 1 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 319 Saratoga St. during the time

Place of Death, {Give street and number.} " "

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,) Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery Louis E Heiss M. D.

Date of Burial, 23 Oct 1875 Medical Attendant.

Undertaker, S Hergy

Place of Business, 91 E Fayette St. *Address* 226 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...l Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE

Date of Death, October 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wise

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Six Nine *Years,* 10 *Months,* 29 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's County Md

Duration of Residence in the City of Baltimore, Three weeks

Place of Death, {Give street and number.} 305 N. Broadway

Cause of Death, First (Primary,) Dilitation of the Heart

Second (Immediate,)

Duration of Last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount — J. Hartman *M. D.*

Date of Burial, Oct 23 1875 Medical Attendant.

Undertaker, Richard Hall

Place of Business, 233 E. Balt. st *Address* 305 N Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the ease comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, nge and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...l Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6131, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno Michael Brewer

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Attorney

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Annapolis Maryland

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, { Give street and number. } 140 Division Street

Cause of Death, { First (Primary,) Cancer
Second (Immediate,) Asthenia

Duration of Last Sickness, 4 yrs

All the above information should be furnished by the Physician.

Place of Burial, H. L. Loy's Cemetery.

Date of Burial, Oct. 23.

Undertaker, George Saffran

Place of Business, 121 Broadway

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cpl. James Hill.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Manufacturer of pickles.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Of Mer. T. Tr.

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number.} 241 E. Pratt, St,

Cause of Death, First (Primary,) Haemoptysis.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, New Hampshire G. Hamilton, Jun'r M. D.

Date of Burial, October 23rd 1875 Medical Attendant.

Undertaker, Richard Hart

Place of Business, 133 East Pratt St Address Balt. & Mash. etc.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 240)

...l Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1,133

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ada Kidd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* — *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Two years & 19 days

Place of Death, {Give street and number.} 3 Hope Street 2 door from Fleet

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, October 23 1875 A Gittinger M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 6 Druid Hill Ave Address N. W. Cor Eager & Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23th. October 2 o'clock at morning 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Sandinsky

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 3 *Months,* — *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give street and number. } Aline Arnstadt 220

Cause of Death, { First (Primary,) Asthma laryngeus
Second (Immediate,) during lifetime

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hollins Cemetery

Date of Burial, 25 Oct Monday

Undertaker, John C. Jones

Place of Business, 265 Aliceanna st. *Address* S. Wolfe str. 112.

William Hunkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariette Wagner

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 55 *Years,* 10 *Months,* 9 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, — wife —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 88 S. Fayette St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) apoplexy

Duration of Last Sickness, about 20 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount — H. Bohme — *M. D.*

Date of Burial, Oct. 23rd " 1875 — Medical Attendant.

Undertaker, Wm Strickmann *Address* 84 S. Fayette

Place of Business, 234 E. Bay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margart A. Arscott.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 5 *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 197 Montgomery

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Herford Co (?) M. D.

Date of Burial, Oct 24th 1875 Medical Attendant.

Undertaker, Anthony Denny *Address* 146. Hanover

Place of Business, 263 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT OCT 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mark F. Cornell

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 41 *Years,* 11 *Months,* ——— *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Meldon New York

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } ~~#~~ 17 S. Fulton St. Balto. Md.

Cause of Death, { First (Primary,) Consumption

Second (Immediate.) About 2 Years

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Friends, Ct

Date of Burial, Oct 23 — 1875

Jas. L. Smithson M. D.
Medical Attendant.

{ *Undertaker,* J. B. Blakiston & Son *Address*
{ *Place of Business,* 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel Carter

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 6 *Months,* 23 *Days.*

Color, Black *Sex,* Male

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 48 East St

Cause of Death, { First (Primary,) Cerebro Spinal Meningitis / Second (Immediate,) }

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 23d 1875

D Webster Cattell M. D.
Medical Attendant.

Undertaker, Wm H. Deenge

Place of Business, 140 East St *Address* 1½ S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Dain

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, *Years,* — *Months,* 8 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto — Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 96 Fitt Ave

Cause of Death, {First (Primary,) Trismus Nascentium

Second (Immediate,) 4 Ds.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 24th 1875

Undertaker, Chas H. Heuisler

Place of Business, 162 Hanover St.

A. M. Hodgen M. D.
Medical Attendant.

Address 207 Hanover St. Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} (Geo J. & Kate V.) James Pierpont Ingraham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Four *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 346 E. Baltimore St

Cause of Death, {First (Primary,) Premature birth

{Second (Immediate,)

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, M.E. Phil Road

Date of Burial, October 23d

{*Undertaker,* M. A. Daisee

{*Place of Business,* 74 S. Broadway

John S. Synek, M. D.
Medical Attendant.

Address 194 E. Pratt St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...f Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Rimby

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number.} 131 Scott St

Cause of Death, {First (Primary,) Hemiplegia - left side -
Second (Immediate,) 4 days —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Oct. 24th 1875

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

A. H. Cumy M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Angela Zanne

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 67 President St.

Cause of Death, First (Primary,) Metritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Benedict's Cemetery

Date of Burial, 11th

Undertaker, Wendel[illegible] Chapel

Place of Business, 151 S. Bond *Address* S. Frankl[illegible] St.

John Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha alice Haines

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 19 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 441 Hanover Street Baltimore

Cause of Death, First (Primary,) Remitt. Fever 15 days

Second (Immediate,) Uraemia, &c.

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery in Montgomery, *M. D.*

Date of Burial, October

Undertaker, Jas I. Chalmers *Address* 273 Madison Ave

Place of Business, 262 Penna —

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna L Richards

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 80 Portland St

Cause of Death, {First (Primary,) Cancer — Scirrhous

Second (Immediate,) of Breast & glands of neck

Duration of Last Sickness, 18 Mo

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 24th 1875

Undertaker, Chas F. Herold

Place of Business, 161 Hanover

I H Emmey M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte E. Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 1 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8 Bicketts Court

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Inflamation

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Octob 24th 1875

Undertaker, Jas H. Davis

Place of Business, 12 Saratoga St

Samuel Glenn M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lloyd Dorsey Father

[OVER.]

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t... ...rate.

Board of Health, City of Baltimore,

Permit No. 6146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, oct. 22 - 7. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pamunkey Co. Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 160 S. Dallas St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 23) 75

Undertaker, John W Locke

Place of Business, 573 Wolfe st

C. Edw Miller *M. D.*

Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Christina Yale

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 Year *Months,* 1 Year *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 108 Duncan Alley

Cause of Death, First (Primary,) Varicella

Second (Immediate,) Pneumonia

Duration of Last Sickness, Eight Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery Wm. H. Claudius M. D.

Date of Burial, Oct. 24th 1875 Medical Attendant.

Undertaker, C. Eckhard.

Place of Business, 269 Canton Av. *Address* No 93 N. Duncan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o... ...ea...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Smith

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2. Parkin St

Cause of Death, First (Primary,) Bright's disease of the Kidneys

Second (Immediate,)

Duration of Last Sickness, In Nearly a Year his health has been bad

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery *Chas F. Nicholson* M. D.

Date of Burial, October 25th 1875 Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 N. Fayette St *Address* 279. W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...dicate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 23 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Beulah Smithers.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 5 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Dairy life

Place of Death, {Give street and number.} 117 E. Baltimore St.

Cause of Death, First (Primary,) Carcinoma,

Second (Immediate,) 6 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Quaker 4th & Hanford Road

Date of Burial, Oct 25 1875

J. H. Hack M. D.
Medical Attendant.

Undertaker, Cuny

Place of Business, 541 N. Broadway

Address 95 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gottlieb Klose

Sex, Male ~~or Female~~ { Cross out the word not required in this line. } Male

Age, 53 *Years,* — *Months,* 20 *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married.

Occupation, Huckster at Market.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prussia, in U.S. 1 year.

Duration of Residence in the City of Baltimore, 6 weeks.

Place of Death, { Give street and number. } 135 Pine St.

Cause of Death, { First (Primary,) Insufficiency of Mitral valve of Heart. Second (Immediate,) Regurgitation of blood & Pulmonary Hemorrhage.

Duration of Last Sickness, About a year, very sick 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Park Cemetry

Date of Burial, October 25th 1875

H. K. Fetterhoff M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 578½ W. Baltimore St. *Address* 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 157. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Leahy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 mos *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} 210 S. Liberty St

Cause of Death, First (Primary,) Brain

Second (Immediate,) Typhoid Fever from pul. tubercles

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Sun to Mon

Date of Burial, Oct 24th 1875

M. D.
Medical Attendant.

Undertaker, John B. Williams

Place of Business, 107 Lee St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

No. 1

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno E Boone

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 261 Warner St

Cause of Death, First (Primary,) ____ Second (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24th 1875

Undertaker, John B. Williams

Place of Business, 107 Lee st

Samuel Steiner M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ion of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6153.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23rd 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Caulfield

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 50 *Years,* *Months.* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Press Making

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, about thirty years.

Place of Death, {Give street and number.} 32 Richmond St.

Cause of Death, First (Primary,) Rheumatic affection of heart.

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, about five weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 25th 1875

Undertaker, Jacob Weaver

Place of Business, 1064 & 1066 Gould Ave

John F. Thomson M. D.

S. W. Calvert & Read

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ntion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22 — 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanny Williams

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Fifty four *Years,* *Months,* *Days.*

Color, Dark. *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bel Air Harford Co Md

Duration of Residence in the City of Baltimore, About 12 yrs

Place of Death, { Give street and number. } No 23 Douglas St

Cause of Death, { First (Primary,) Disease of Heart

{ Second (Immediate,) Dropsy

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24th 1875

D. G. Risin M. D.
Medical Attendant.

Undertaker, Wm. H. Bunger

Place of Business, No 124 East *Address* of Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October the 23. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wilkinson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 258 South Ann Street.

Cause of Death, First (Primary,) Congestion of lungs.
Second (Immediate,)

Duration of Last Sickness, 48 hours.

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, October 25. 1875

Undertaker, H. Boehm

Place of Business, 36. Thames St.

Jno. M. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...tention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba... ...certific...

Board of Health, City of Baltimore,

Permit No. 6156. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 135 E. Washington St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, Oct 25 75

Undertaker, Wm Fry

Place of Business, 54 & Broadway, *Address* 20 E. Eutaw St.

James D. Steuart *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1157.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Condon.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 35 Alice Alley

Cause of Death, First (Primary,) Inf. & Congestion of the Brain.
Second (Immediate,) Meningitis.

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, October 25th 1875

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

S. A. Bell M. D.
Medical Attendant.

Address 161 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...tention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ... Certificate.

Board of Health, City of Baltimore,

Permit No. 6158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 1875 BALTIMORE.

Date of Death, Oct. 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Bechtol

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 26 S. Oregon

Cause of Death, First (Primary,) General debility & old age

Second (Immediate,)

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, October 25th 1875

Undertaker, Adam Weidemeyer

Place of Business, 578½ W. Baltimore St.

John Neff M. D.
Medical Attendant.

Address 538 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen C Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 21 *Years,* *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 198 So Washington St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) ———

Duration of Last Sickness, 9 Mos.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24 1875

M. D.
Medical Attendant.

Undertaker, J Chase

Place of Business, 198 So Howard *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David C Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 11 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, All time

Place of Death, {Give street and number.} 35 S Caroline

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Inanition

Duration of Last Sickness, 6 Mo.

All the above information should be furnished by the Physician.

Place of Burial, Jacobs Cemetery

Date of Burial, Oct 25th 1915

Undertaker, Wm. A. Deringer

Place of Business, 1194 East St

John H Homer M. D.
Medical Attendant.

Address N. W. Cor Balt & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 1875 BALTIMORE

Date of Death, October 23d, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Koernschild

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 years *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoe Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 6 Years

Place of Death, {Give street and number.} 1617 Fillet & McElderry Alley

Cause of Death, {First (Primary,) Phlegmonous Erysipelas

{Second (Immediate,)

Duration of Last Sickness, 20 day

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, October 25th 1875

James Steuart M. D.
Medical Attendant.

{*Undertaker,* Geo. Schillinger

{*Place of Business,* Cor. Aisquith & Monument

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...f PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23. th of Oct.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Pennak

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 6 *Months,* 6 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 6

Occupation, 6

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Banerstreet 22

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Barnet

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Con

Date of Burial, 25. Oct 6

Alois Feller Schemmerich M. D.
Medical Attendant.

Undertaker, the man is too poor so that he cannot pay a coffin he wants to get

Place of Business, 1 from the city

Address 151. E. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1163

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John, Banks.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Sixty One *Years,* *Months,* Five *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westminister Md.

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} No 7. S. Schroder St

Cause of Death, {First (Primary,) Phthisis. Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Six Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 24

Jno. D. Blake M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, No 7 N. Gay St Baltimore

Address. 140. Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

f Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 25 1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Albert Birkmeyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 550 Pratt St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Pratt St

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] C. T. Knight M. D.

Medical Attendant.

Date of Burial, Oct 26

Undertaker, J. H. Cook

Place of Business, 717 West Baltimore *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4165

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Davis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Five Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 81 Penn Street Baltimore Md

Duration of Residence in the City of Baltimore, Since

Place of Death, { Give street and number. } 81 Penn Street

Cause of Death, { First (Primary,) Scarlatina

Second (Immediate,) Congestion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hollins Street Cem. *Date of Burial,* Oct 26th

L. E. Shaw *M. D.*
Medical Attendant.

Undertaker, George Sutton *Address* 226 Saltern St

Place of Business, Do. Penn Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 33

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 26 BALTIMORE.

Permit No. 6466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Owens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63. *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, 44 yrs.

Place of Death, {Give street and number.} 18 Sisquith St

Cause of Death, First (Primary,) Impaired Constitution.

Second (Immediate,) Dropsy

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem. Dr. Geo. W. Thayer M. D.

Date of Burial, Oct 26 - 1875 Medical Attendant.

Undertaker, John I Poderman Jr

Place of Business, N E Cor Greenmount Ave & Monument St

Address 18 Sisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10 Mo. 24th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mark Truman Sandrin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* *Months,* 20. *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} N° 161 Barre St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Ch

Date of Burial, Oct 26th 1875

Wm Riley M. D.
Medical Attendant.

Undertaker, John Macke

Place of Business, 160 Camden *Address* 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edward Leithold

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 14 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 212 Paca St

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflammation of Brain 4 days

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 25th 1875

Undertaker, John S Horner

Place of Business, No 150 Camden *Address* 76 Paca St

I Abney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE

Permit No. 4169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian & Elizabeth Duening

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 3 hours ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Stockholm St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, October 25th 1875

James A Steuart M. D.

Undertaker, Henry Buick & Address Commiss of Health

Place of Business, 84 Hennetta St & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Christian Duening Father

[OVER.]

No.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Cathanne Campbell

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days.*

Color, wht *Sex,* female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and number.} 71 W. Biddle

Cause of Death, {First (Primary,) Hypertrophy of Heart.

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 26 1875

G. L. Tunnyhill M. D.
Medical Attendant.

Undertaker, Wm P. Bayne

Place of Business, 63 Front St Address 129 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 25 BALTIMORE

Permit No. 6171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Marie Robinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Ten *Months,* Twenty three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No. 412 E. Baltimore St.

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,) Diarrhoea with Haemorrhage from bowels

Duration of Last Sickness, Twenty four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 26th 1875

E. P. Irons M. D.
Medical Attendant.

Undertaker, Thos. F. Hughes

Place of Business, No 10 E Balto Address No. 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

No.

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 2 BALTIMORE

Permit No. 6172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22d. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Viola Ann Morris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 1 year.

Place of Death, {Give street and number.} 65 Cross St.

Cause of Death, First (Primary,) Inflammation of Bowels

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co

Date of Burial, Oct 24 1875

J. E. Harrington M. D.
Medical Attendant.

Undertaker, Thos Hoy & Son

Place of Business, 263 Eighth St

Address 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transcript 2471

No. 6

...n Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Dr...

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 7½ *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 8 Pitt Between Fa...

Cause of Death, {First (Primary,) Dysen... {Second (Immediate,)

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, Oct 26 1875

M. D.
Medical Attendant.

{*Undertaker,* James O'Byrn

{*Place of Business,* No 63 & No Fr St *Address* 2 Pitt Between...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6174

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Catherine L. Hall

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 2 3 *Months,* *Days.*

Color, Whit *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia

Duration of Residence in the City of Baltimore, One yr.

Place of Death, { Give street and number. } 151 Patterson Pk.

Cause of Death, { First (Primary,) Congestion of the Liver
Second (Immediate,) One wk

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Philidelfia. Old Catholic Cemetary

Date of Burial, Oct 26th 1875

Undertaker, Geo. Forsch

Place of Business, 379 Canton Av *Address* 117 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 2 of 2)

No. 6175

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ross Nevill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} 1445 Bolton St

Cause of Death, First (Primary,) —

Second (Immediate,) Expiration of Cellular Disease

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County — C Woodward M. D.

Medical Attendant.

Date of Burial, 27th Oct

Undertaker, Chas. T. Scriven *Address* 23 McCulloh St

Place of Business, 271 N. Eutaw St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24th October 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Frances

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore. 18 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary.) Congestion of Brain
Second (Immediate,) convulsions
2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, 26 Oct. 1875

Undertaker, Jas. I. Chalmers

Place of Business, 262 Penn Ave

Martin Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23 Oct. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bruno

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, Months, 18 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Congenital Hydrocephalus

Second (Immediate,) Convulsions

Duration of Last Sickness, half hour

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 26th Oct. 1875

Undertaker, I. I. Chalmers

Place of Business, 262 Penn. Ave

Martney Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. Edwin McComas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 26 *Months.* 26 *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 19 N. Strickers st. Fayette

Cause of Death, First (Primary,) Enteroculosis

Second (Immediate,) Consumption

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, 26th Oct 1875

Jno J. Quinan M. D.

Medical Attendant.

Undertaker, Henry W. Seulkner & Son

Place of Business, 16 Light St *Address* N W Cor Hollins & Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~41~~ 6179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct: 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary E. Macfarland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, No

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} N. Fayette St. Balt

Cause of Death, {First (Primary,) Carcinoma Uteri

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Marks Church W. Lombard St. F. Donaldson M. D.

Date of Burial, Oct: 26th 1875 Medical Attendant.

Undertaker, H. W. Fulton Jr

Place of Business, Light St. Balt *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ction of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hess

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Eighty four *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 97 S. Bond St

Cause of Death, First (Primary,) Dropsy?

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 26th 1875

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Nicholas L Dashiell *M. D.*
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6181

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Patterson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Chew St.

Cause of Death, First (Primary,) Malignant Scarlet-fever

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, October 27th 1875

M. D.
Medical Attendant.

Undertaker, T. F. Haughey

Place of Business, 174 E. Baltimore St. *Address* 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ntion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Thomas H. Riley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 4 *Months,* 20 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 185 S. Eutaw St.

Cause of Death, { First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cimetery

Date of Burial, October 26th 1875

{ *Undertaker,* H. M. Gibney & Co.
{ *Place of Business,* 341 Canton Av.

Geo. C. [illegible] M. D.
Medical Attendant.

Address Cor. Eutaw & Fay.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6113

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11833.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Harhing

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 11 *Months,* 26 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 2 E Balt.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 4 d.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 27 of Octr

Undertaker, Philipp Seewald

Place of Business, 38 S. Eutaw *Address*

Abram B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5184.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westmoreland Co. Va

Duration of Residence in the City of Baltimore, Five years —

Place of Death, {Give street and number.} 44 S. Fulton St

Cause of Death, First (Primary,) Apoplexy —

Second (Immediate,)

Duration of Last Sickness, Three hours —

All the above information should be furnished by the Physician.

Place of Burial, Western (Cem)

Date of Burial, Oct 27

W. S. Requier M. D.
Medical Attendant.

Undertaker, Wm H Armiger Co

Place of Business, 192 West Balto

Address 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Melinda Lane

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* Nine *Months,* Twenty six *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 34 Washington Avenue City

Duration of Residence in the City of Baltimore, 9 mo. 26 da.

Place of Death, { Give street and number. } 34 Washington Ave.

Cause of Death, { First (Primary,) Diptheria / Second (Immediate,) Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Saml. Entelmin *M. D.*

Date of Burial, Oct 27th Medical Attendant.

Undertaker, Wm. H. Leonard

Place of Business, 182, N. Balto St *Address* 572 W. Fayette St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6156

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Saylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 85 *Years.* — *Months.* — *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Soldier and U.S. Pensioner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. States

Duration of Residence in the City of Baltimore, 25 days

Place of Death, {Give street and number.} 62 President St

Cause of Death, First (Primary,) Senile Catarrh — Debility &c

Second (Immediate,) Ephumation

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park~~ Changed to Hazelton Va P

Date of Burial, October 26th 1878

D Webster Bartell M. D.
Medical Attendant.

Undertaker, Jas P. Byrne

Place of Business, Front St *Address* 1½ N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ntion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Luker Mules

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 1 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, abt 50 years

Place of Death, {Give street and number.} 241 Saratoga St Balto

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) do

Duration of Last Sickness, 3 years Suffering. Confined 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. W. Hammond M. D.

Date of Burial, October 26 Medical Attendant.

Undertaker, J. B. Blackistone

Place of Business, 606 W. Balt st *Address* 53 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6155

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

Permit No. 4188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Nash

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, all the time

Place of Death, {Give street and number.} 30 Caroline St.

Cause of Death, First (Primary,) Dropsy " "

Second (Immediate,) 12 days

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Oct. 27th 1875

J. Rich M. D.
Medical Attendant.

Undertaker, P. Kinnat.

Place of Business, 317 Shelby St *Address* 30 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 26 BALTIMORE

Permit No. 6189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lanny Buck

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, four teen *Years.* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 23 Patterson Ave

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Convulsions

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, October 27th 1875

Wm. E. Bartlett M. D.
Medical Attendant.

Undertaker, Richd Hall

Place of Business, 233 E. Balto St *Address* 175 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6190

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas E. Hardesty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 17 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City Md.

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 468 E. Mass st

Cause of Death, First (Primary,) Remittent Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 28 1875

John Haines M. D.

Medical Attendant.

Undertaker, Cumfy

Place of Business, 64 N Broadway

Address N. W. Cor Broadway & Balt. st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6191

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 1875 BALTIMORE

Permit No. 6191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23, 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel J Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 18 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widowed or Divorced, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ramsey St Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Ramsey St -

Cause of Death, { First (Primary,) } Colic

{ Second (Immediate,) } Pneumonia

Duration of Last Sickness, 9 days -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ground. Dr Worthington M. D.

Date of Burial, Oct 25th 1875 Medical Attendant. the above is correct

{ *Undertaker,* John G. Davis *Address* No 9 Monroe St.

{ *Place of Business,* 63 Parker St. Dr Ger. Worthington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6192

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6192

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Samuel S. Smith.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days.*

Color, Light Brown *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West River Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 5. Oxford St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) do

Duration of Last Sickness, He has 9 or 10 months unable to work

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 26th 1875

D. W. Carey Thomas, M. D.
Medical Attendant.

Undertaker, Wm Thomas Sons

Place of Business, 65 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6193

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6193,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Pulford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 Years, Months, Nine (9) Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 23 Port st.

Cause of Death, {First (Primary.) / Second (Immediate.)} Trismus Nascentium

Duration of Last Sickness, Three (3) days.

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery

Date of Burial, October 26th 1875

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave,

G. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

No. 11911

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Burns

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty four *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Galway Ireland

Duration of Residence in the City of Baltimore, Sixteen Years

Place of Death, {Give street and number.} 182 Ramsay St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, H Peters

Date of Burial, Oct 27

Undertaker, J B Cook

Place of Business, 707 W St Baltimore

John L Yates M. D.
Medical Attendant.

Address 498 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6195

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1875 BALT'MO

Date of Death, Oct. 24. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Vincent Cambell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Six Months, 24 Days.
Years,

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, As above

Place of Death, {Give street and number.} # 312 Durham St.

Cause of Death, First (Primary,) Interstitial Meningitis

Second (Immediate,) Eclampsia

Duration of Last Sickness, Between 5 and 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct 26 1875

Undertaker, William M Dunger

Place of Business, No 10 E Eastst

Geo. H. Hartman M. D.
Medical Attendant.

Address # 303 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furn within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certifi setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [o

No. 6196

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Brown

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, ec *Sex,* Female

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Launders

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} West 246

Cause of Death, First (Primary,) Cancer of Breast

Second (Immediate,)

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Oct 27 1875

Undertaker, William Dorge

Place of Business, No 10 N East

E. C. Baldwin M. D.

Medical Attendant.

Address 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers ... metteries in City of Baltimore will make ... Burials

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6197

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Agnes M. Cramer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty Eight *Years,* Five *Months,* Two *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 108 Orleans St

Cause of Death, First (Primary,) Erysipelas of the Leg of Leg Sundica

Second (Immediate.) Dropsy

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Hoarly Cemetery

Date of Burial, Oct 29/75

Undertaker, Wm H. Clendiner *M. D.*

Medical Attendant.

Place of Business, 511 N. Broadway *Address* No. 93 N. Bond Way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of B[illegible]

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth H Dorsey

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 23 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elliott St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Elliott St

Cause of Death, First (Primary,) Visitation

Second (Immediate,) Cerebro Spinal Menin

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fairmount Cem. Steuart's John H Martin M. D.

Date of Burial, Oct 27/75 Medical Attendant.

Undertaker, [illegible]

Place of Business, 542 Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will [illegible] Permits for Burials

No. 61

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6199.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Merton Leland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Nine *Months,* two *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} N° 35 E. Edar St

Cause of Death, {First (Primary,) Gastro Intestinal irritation
Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, Oct 27 1875

{*Undertaker,* James D Byrne
{*Place of Business,* N° 63 N Front St *Address*

W. Chatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. (illegible)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } August Gross

~~*Sex,*~~ *Male or Female,* { Cross out the word not required in this line. }

Age, *Years,* *Months,* 29 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 45 Portland

Cause of Death, { First (Primary,) Inanition

Second (Immediate,) Inanition

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Westernburying Ground

Date of Burial, Oct. 29 1875

C. W. Colburn M. D.
Medical Attendant.

Undertaker, Aug. Gross,

Place of Business, 45 Portland St. *Address* 161 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6201.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Hester Brice

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 10 *Years,* — *Months,* — *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line } Single

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot Co Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } No 24 Bolton St Balto

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Oct 27 1875

{ *Undertaker,* J. B. Williams
{ *Place of Business,* 10 Pratt st

J H Patterson M. D.
Medical Attendant.

Address 26 Frankfort Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore October 25th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Griffin

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Eighty *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Saunders

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot Co. Maryland

Duration of Residence in the City of Baltimore Three years

Place of Death, { Give street and number. } No 47. Bower St.

Cause of Death, { First (Primary,) Pneumonia Pleurisy
Second (Immediate,) Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowell Cemetery

Date of Burial, Oct 27. 1876

{ *Undertaker,* Samuel W. Crowe
{ *Place of Business* 194 W. Howard St

L. D. Dyer M. D.
Medical Attendant.

Address No 146 Hill St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6205.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Amanda Irishy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Forty *Years,* — *Months,* — — *Days.*

Color, Black *Sex,* Female

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} No 22 Dawson Alley

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Four Weeks & 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 27. 1875

Undertaker, Samuel W. Chase *Address* No 140 Scott St

Place of Business, 182 S Howard St

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6211

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 62111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Cowsley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 7 *Days.*

Color, Colored *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ne 7 Edward St Baltm

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 7 Edward St

Cause of Death, First (Primary,) Inanition

Second (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 27. 1875

Geo. H. Wagner M. D.
Medical Attendant.

Undertaker, W. H. Chase

Place of Business, 78 E. Monroe St Address 18 Bisquith Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 620

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles H Brundige

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Merchant,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 318 ~~W~~ N Stricker st

Cause of Death, { First (Primary,) { Second (Immediate,) Suicide

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, 28th October 1875.

{ *Undertaker,* H W Jenkins & Son
{ *Place of Business,* 16 Light St.

Geo C Ogle Coroner **M. D.**
Medical Attendant.

Address 229 Cary st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6206

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 6206

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria Lubrowsky

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, six *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 277 S. Sharp st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate.) Suffocation

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, 27th day October 1875

Undertaker, Francis Cramer

Place of Business, 214 Center Avenue

Dr. Winternitz M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6207.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25 7 Pm.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Zuborosky

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, three *Years,* six *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 277 S. Amity str

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Septicaemia

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, 27th of October 1875

Undertaker, Francis Cramer

Place of Business, 219 Canton Avenue

St Wunderlich M. D.

Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 9 *Months,* 0 *Days.*

Color, Bright Copper *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} No 7 Bolden Alley

Cause of Death, First (Primary,) Convulsions from Teething

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery B F Bohn *M. D.*

Medical Attendant.

Date of Burial, Oct 27. 1875

Undertaker, John C Lorenz *Address* cor Dolphin & Rost

Place of Business, 63 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6209.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Alfred Raynel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 403 Hollins St

Cause of Death, {First (Primary,) Meningitis / Second (Immediate,)}

Duration of Last Sickness, Seen only once by Physician

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 28th 1875

Geo. H. Dart M. D.
Medical Attendant.

Undertaker, John F. Forbes

Place of Business, No 66 Fredericks *Address* 91 Frederick St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6211

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6210.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 27 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Octo 26th 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number.} 179 E. Madison St.

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) Paralysis

Duration of Last Sickness, 10 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Oct 29-75

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, Jno J Rodenmayer *Address* 34 North Calvert

Place of Business, N E Cor Seemmont
are & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER